

1.1 PROVIDER SURVEY RESPONSE TABLES

Section Heading	Description of Questions	Summary of Findings
General Questions	A summary of findings related to number of years submitting data, and types of data submitted.	<p>61 total responses were received.</p> <p>40.91% have been submitting data for greater than 10 years; 13.64% have been submitting data for between 5 and 10 years; 27.27% have been submitting data for between 2 and 5 years; 18.18% have been submitting data for less than 2 years.</p> <p>55.65% submit Ambulatory data; 26.09% submit Inpatient data; 18.26% submit Emergency Department data.</p> <p>23.44% submit their data immediately at the end of the quarter; 68.75% submit their data after the end of the quarter, but before the due date; 6.25% submit their data on the due date; 1.56 (1 respondent) submit their data after the due date.</p> <p>67.19% certify their data within 30 days of submitting; 25.00% certify their data within 60 days of submitting; 6.25% certify their data within 90 days of submitting; 1.56 (1 respondent) certify their data after the due date.</p> <p>64.06% have not had to resubmit their data (over the past 5 years).</p>
Data Submission and Support Questions	A summary of findings related to the data submission process, elements, and file formats, and AHCA support.	<p>92.59% indicated that the online submission process is easy to use.</p> <p>45.90% utilize IT Departments to create the XML file; 32.79% utilize Administrative Staff; 21.31% utilize other.</p> <p>20.69% indicated that it would be easier to submit files in a format other than xml (txt, xls, or pdf); 15.52% indicated that it would not be easier to submit files in a format other than xml; 63.79% indicated that they do not know whether it would be easier in another format.</p> <p>49.12% indicated that they have utilized the AHCA training aids; Of the 49.12%, 100% indicated that the training aids are helpful.</p> <p>31.48% indicated that they have used the AHCA XML test website. 68.52% indicated that they have not used the AHCA XML test website.</p> <p>44% indicated that they had contacted AHCA staff for file submission assistance within the last year; Of the 44%, 92% indicated that AHCA staff was able to provide adequate file submission assistance</p> <p>65.45% indicated that their file submission is successful over 90% of the time;</p>



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		<p>21.82% indicated that their file submission is successful between 75-90% of the time; 15.79% of those who have had to resubmit, indicated vendor changes as the reason; 15.79% of those who have had to resubmit, indicated changes to reporting requirements as the reason; 23.68% of those who have had to resubmit, indicated changes in internal personnel as the reason; 74.07% of those who have had to resubmit, indicated that they are redirected to an error page; 11.11% indicated that they are not redirected to an error page; 14.81% indicated that they did not know or N/A. 77.78% of those who have had to resubmit, indicated the XML error descriptions are easy to understand; 7.4% of those who have had to resubmit, indicated the XML error descriptions are not easy to understand; 14.81% indicated that they did not know or N/A.</p>
Data Auditing Report and Support Questions	A summary of findings on the process for auditing and certification.	<p>After the data file passes the submission process (during the auditing report process): 7.27% indicated that they are never requested to correct and resubmit their data; 20% indicated that they are requested to correct and resubmit data less than 25% of the time; 9.09% indicated that they are requested to correct and resubmit data between 25-50% of the time; 10.91% indicated that they are requested to correct and resubmit data between 50-75% of the time; 18.18% indicated that they are requested to correct and resubmit data between 75-90% of the time; 34.55% indicated that they are requested to correct and resubmit data over 90% of the time. 89.09% indicated that the explanations of the errors are easy to understand; 90.91% indicated that they are able to easily resolve data errors; 90% indicated that they are able to correct errors at the facility; 10% indicated that the error corrections must go to a vendor; 58.18% indicated that they have contacted AHCA staff for assistance in resolving data errors; Of the 58.18%, 100% indicated that AHCA staff was able to provide adequate data auditing assistance.</p>
Resource and Cost Feedback	A summary of findings on costs to support the submission process.	<p>86.79% indicated that they spend less than 750 hours per year creating, submitting, and correcting files. For those (2 respondents) who indicated > 1 FTE is required, the total number of hours spent were 2500 & 3000. Approximately 10% indicated that they incur Software/License Costs (costs given range from \$200 - \$25000) Approximately 10% indicated that they incur Vendor Contract Costs (costs given range from \$750 - \$50000) Approximately 5% indicated that they incur Additional Personnel Costs (costs given range from \$0 - \$75000) Less than 5% indicated that they incur Other Costs (costs given range from \$0 - \$100000)</p> <p>Vendor Constraint Feedback: The length of time required for vendors to make changes to systems varied from 60-180 days. One respondent indicated that changes cannot be made due to the current vendor contract. A number of vendors were mentioned (including HIDi) but no clear pattern of vendor usage was identified.</p>

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		<p>Other Costs Incurred: One respondent indicated costs for testing; One respondent indicated costs for integration.</p>
Challenges Feedback	A summary of findings on challenges identified.	<p>28.26% indicated that conflicts with other processes is the biggest challenge faced in providing timely submissions.</p> <p>Process Conflict Issues Include: Having to submit the data to more than one agency (AHCA and to “State”); Please share process with “State”. Timing Issue: all accounts need to be coded, billed (some corrections), and then uploaded. New Software also causes issues (when software changes, process has issues).</p> <p>26.09% indicated that specific data elements are the biggest challenge faced in providing timely submissions. Of the 26.09%, 31.58% indicated that demographic/patient data causes the most challenges. Of the 26.09%, 31.58% indicated that diagnosis codes data causes the most challenges. Of the 26.09%, 21.05% indicated that practitioner data causes the most challenges. Of the 26.09%, 10.53% indicated that cost or billing data causes the most challenges. Of the 26.09%, 5.26% (1 respondent) indicated that other data causes the most challenges.</p> <p>Specific Data Element Issues Include: Procedure code; Admission date; Admission time; Country (all caps); ED location code; Surgeon number and NPI;</p> <p>21.74% indicated that technology limitations are the biggest challenge faced in providing timely submissions. Of the 21.74%, 44.44% indicated that compiling data into required format causes the most challenges. Of the 21.74%, 44.44% indicated that error notification causes the most challenges. Of the 21.74%, 11.11% indicated that access to the submission website causes the most challenges.</p> <p>23.91% indicated that other issues create the challenges faced in providing timely submissions. Other Issues Include: Heavy Workload Other Roles in Office Time Spent on Data Format Workarounds Occasional Staff Entries Coordinating with Other Departments for Corrections</p>
Impact of Changes to the Data Submission Process	A summary of findings on time required to modify	When changes are made to the submission process, it can take from 10 hours to 180 days to modify provider systems and processes; approximately 5% of all respondents indicated that the amount of time required to modify provider processes and systems depends on the amount of changes required, and responsiveness of their vendor.

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Recommended Changes	A summary of findings on what providers would like to see change about the process.	<p>16 Respondents replied to the question of recommended changes:</p> <ul style="list-style-type: none"> • More information up front when submitting • Ability to correct individual records and resubmit • Ability to receive real time notification of issues or successes • Accept other file types (Excel, 2 respondents; PDF, 1 respondent) • Ability to upload all documents (to replace scanning and emailing) • 10 of the 16 respondents to recommended changes said “no recommended changes; works great”
Other Feedback	A summary of other feedback received.	<p>7 Respondents replied to the question of other feedback:</p> <ul style="list-style-type: none"> • It would be nice to have the vendor that created the scrubber, make that available to the hospitals • Other than providing data for competitors, the process has not delivered the value to patients • AHCA staff have always been professional and easy to deal with; they are exemplary in their jobs • Process is easy/don't change a thing (2 respondents) • Thank you for including us in the survey (2 respondents)

1.2 OTHER STATE INTERVIEW RESPONSE TABLES

Section Heading	Description	Texas	Nevada	Washington
Overview	The processes for data collection in other states	Texas Department of State Health Services (DSHS) collects IP, Ambulatory, and Emergency Department data. DSHS has outsourced the technology portion (not the staffing portion) of the service to System 13 since 1998.	Nevada Department of Health and Human Services (DHHS) collects IP, ASC and ED data. DHHS has outsourced the technology and staffing services to the UNLV Center for Health Information Analysis (CHIA) since 2008.	Washington Department of Health (DOH) collects IP files only, and has maintained their collection system in house since 2003, with various upgrades (to technologies and file formats) since that time.
Reporting Frequency	The requirements for monthly, quarterly, or annual file submission.	Records are submitted on a quarterly basis (facilities are able to submit more frequently, however submissions are compiled quarterly for reporting purposes).	Records are submitted monthly and are due within 45 days of the end of each month. Data is compiled and released quarterly.	Records are submitted monthly and are due with 45 days of the end of each month. Data is compiled and released quarterly. 75% success rate on facility timeliness requirement.
Facility Tracking and Records Retention	The total number of facilities, and records submitted annually.	DSHS collected approximately 5 million total discharge records per quarter, from approximately 750 hospitals and 500 ASCs.	CHIA collects approximately 1 million total discharge records per quarter, from approximately 70 hospitals, and 75 ASCs.	DOH collects approximately 200,000 IP records per quarter, from approximately 100 hospitals.
Data Files, Formats, and Elements	The types of files submitted, format, and total # of elements.	DSHS collects records in ASCII text file type and utilizes the ANSI 837 industry standard file format; additional state of Texas fields are collected per state Rule. Approximately 195 data elements are collected for IP and 120 for ASC and ED. In addition to requiring all ANSI 837 elements Texas requires 47 additional elements (via rule).	CHIA collects records in ASCII text file type and utilizes the UB04 industry standard file format; additional state of Nevada fields are collected per state rule. Approximately 55-65 data elements are collected for IP, ASC and ED. Nevada does not require collection in the ANSI 837 format.	DOH collects records in ASCII text file type, and utilizes the UB04 and ANSI 837 5010 industry standard file formats. Via the Comprehensive Hospital Abstract Reporting System (CHARS) file specifications, approximately 80 total elements are required (with each element mapped to UB04, ANSI 837, or Washington specific definitions)
Annual Costs and Revenues	The total costs (personnel, infrastructure, services, and vendor contracts).	DSHS has a budget of approximately \$2 million per year; \$400,000 for personnel (7 staff), and approximately \$1.5 million per year for the System 13 vendor contract. DSHS receives about \$600,000 annually from data sharing (\$6000 per data set per year).	CHIA receives approximately \$600,000 funding per year from the state of Nevada via a 4-year service contract with DOH; the annual funding goes 100% to staff salaries (3 programmers, 2 administrators, and 1 "other" position). CHIA receives about \$70-80K per year from data sharing (\$600 per data set per quarter).	DOH receives minimal funding, all of which is used for personnel (3 FTEs). There was a large cost (> \$1 million) to create the current CHARS system in 2008; very little funding has been requested to upgrade system since 2008. DOH receives minimal revenue from data sharing (charging only \$50 per data set per quarter).

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Third Party Service Providers	The 3 rd party providers and identification of services provided.	DSHS utilizes the System 13 vendor for all system services (infrastructure, platform, and software); System 13 has been utilized since 1998 (and has been awarded the bid every 4 years since that time). System 13 provides the submission interface, submission tracking, data grouping, and quality assurance features.	N/A (CHIA is administratively housed within the Nevada State University System).	Washington DOH is in the process of developing an RFP to outsource the technology services for the CHARS system. Challenges to maintain (and upgrade) the system and technologies in house were noted.
Technology Architectures/ Capabilities	The technologies utilized and the features available in their system.	A web application is utilized to send the files encrypted via transport layer security (TLS). Facilities can submit and resubmit entire files (or partial files) via the front end web interface. Error messages are sent via email at time of submission. System 13 retains data for 3 years and sends a single file to DSHS quarterly.	CHIA writes all software in house for the discharge data collection, quality assurance, and audit reporting process. CHIA provides the infrastructure, platform, and storage services. The system uses a PHP web front end and backend relational database. CHIA also provides software for use by the hospitals in cases where their systems cannot produce the required data elements.	Secure Access Washington (SAW), the state's Enterprise User Access solution is utilized to ensure secure access to CHARS (a web based system that allows submissions and re-submissions at the file and record levels). Custom "pre-processing" software, 3M Grouper software, Microsoft BizTalk middleware, and backend relational database are utilized for data processing, grouping, audit, and storage.
Federal Requirement Changes	The federal requirements that present challenges or opportunities.	Federal requirement 42 CFR (part 2) will require changes to the Texas Submission process and System. Texas is in the process of modifying rules to become in compliance with 42 CFR (HIPAA diagnosis related) requirements.	None Noted.	None Noted.
Summary	Additional insights or recommendations based on the state's lessons learned.	<ul style="list-style-type: none"> • Outsource Technology • In House Staff • Standard File Formats (ANSI 837) • Record and file level edits • Monthly submissions • 7 Total DSHS Staff <ul style="list-style-type: none"> ■ 1-administrator ■ 1-training data entry ■ 1-compliance and fines 	<ul style="list-style-type: none"> • University Technology & Staff • Standard File Formats (UB04) • Record and file level edits • Monthly submissions • 6 Total CHIA Staff 	<ul style="list-style-type: none"> • In House Technology & Staff • 3M Grouper Software • Standard File Formats (UB04 and ANSI 837) • Record and file level edits • Monthly submissions • 3 Total DOH Staff • Considering Technology Outsource

Section Heading	Description	Texas	Nevada	Washington
		<ul style="list-style-type: none"> ■ 1-system analyst liaison to vendor ■ 3- researchers for ad-hoc queries and data requests ● Assess fines to Providers 		

