Hospital Encounter Data FAQs

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Contents

[Data Layouts 1](#_Toc499820314)

[Value-added Fields 2](#_Toc499820315)

[Emergency Department Visits 2](#_Toc499820316)

[Diagnosis Related Group (DRG) 3](#_Toc499820317)

[Payer Category 4](#_Toc499820318)

[Geocodes 4](#_Toc499820319)

[Health Service Areas (HSA) 4](#_Toc499820320)

[Location of Service (LOS) 5](#_Toc499820321)

[Other 5](#_Toc499820322)

# Data Layouts

Q. Where can I go to see what data elements are included in the Hospital data sets?

A. You can find the [Hospital Encounter Release Elements](https://mhdo.maine.gov/_dataRqstDocs/HospitalEncounterReleaseElements_161013.xlsx) document on our [Hospital Data page.](https://mhdo.maine.gov/inpatient_outpatient.htm)

Q. Are there sample data layouts available?

A. The Excel documents "[Outpatient Level II Base Layout](https://mhdo.maine.gov/_releaseNotes/Hospital2016_OPLevel%20II_BaseLayout_20170726.xlsx)" and “[Inpatient Level II Base Layout](https://mhdo.maine.gov/_releaseNotes/Hospital2016InpatientLevelIIBaseLayout_170726.xlsx)” provide a detailed description of the data layout. The MHDO hospital data releases includes ICD-10 data elements. In general, records with discharge dates before 10/1/2015 used ICD-9 data elements while those discharged on or after this date used the new ICD-10 data elements. Note: ICD-9 and ICD-10 data elements are stored in different fields. For instance, the ICD-9 principal diagnosis is stored in the field OP7004\_PrincipalDiagnosisCode while the ICD-10 version is stored in OP7104\_PrincipalDiagnosis.

Whenever possible, data elements are prefixed with the data element name from the input layout specified in [Rule Chapter 241, Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets](https://mhdo.maine.gov/rules.htm), which provides additional details on the derivation of each element in Appendix B-2.

Value add fields that are not directly mapped from the input layout are prefixed with identifiers that begin with 4 alphabetic characters, to allow easy differentiation. For example, the patient age, which is calculated using date of birth and the admission/start of care date, is found under the field name OPMVA21\_AGE and IPMVA21\_AGE.

Effective with the implementation of MHDO’s Rule Chapter 120 –Release of Data to the Public, by default, data releases will include patient county and age. Patient city, Zip code and date of birth will require special justification for inclusion.

Q. Do you have data dictionaries for the hospital encounter outpatient and inpatient data sets?

A. Not at this time; however data dictionaries for our hospital encounter data will be available in 2018. In the interim, the [Hospital Encounter Release Elements](https://mhdo.maine.gov/_dataRqstDocs/HospitalEncounterReleaseElements_161013.xlsx) document is available to assist users.

Q. When each quarter of CY17 hospital inpatient data is released, will it only be that quarters data or are you also releasing the most recent 12 months of data ending in that most recent quarter?

A. The quarterly Inpatient Hospital files are meant to represent encounters that happened at a facility during that quarter, and only in that quarter. For example, the Q1 2017 Inpatient encounter file will include data for the months January- March 2017. The annual 2017 Hospital Inpatient Encounter file would be a compilation of the four quarterly files.

Q. What diagnosis fields are available in the current Rule Chapter 241 layout for the Hospital data?

A. In the current version of [Rule Chapter 241,](https://mhdo.maine.gov/rules.htm)  the diagnosis fields that are available are Version 040 which has one principal diagnosis, one admitting diagnosis code, two external injury codes, and eight other diagnosis codes (ICD-9); the versions 050 and 060 layout has one principal diagnosis code, one admitting diagnosis code, two external injury codes, and eight other diagnosis codes (ICD-10). Note: ICD-9 and ICD-10 data elements are stored in different fields. For instance, the ICD-9 principal diagnosis is stored in the field IP7004\_PrincipalDiagnosisCode while the ICD-10 version is stored in IP7104\_PrincipalDiagnosis. Whenever possible, data elements are prefixed with the data element name from the input layout specified in Rule Chapter 241, Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets, which provides additional details on the derivation of each element in Appendix B-2.

Q. What is the MHDO-assigned Medical Record Number (MRN)?

A. The MHDO-assigned Medical Record Number (MRN) is an obfuscated and transformed version of the MRN that is submitted by facilities to uniquely identify patients. Data users are reminded that the MHDO-assigned Medical Record Number generally cannot be used to track individuals between facilities; the same MRN may be used at different facilities to represent different individuals. Also, even within the same facility, an individual may not retain the same MRN across time; when hospitals merge or when they transition to new data systems, new MRNs may be assigned. The MHDO has no control over the MRN assignment policies within facilities. The MHDO is developing data elements that will allow an individual to be more reliably tracked both across time within a given facility and between facilities. MHDO plans consider a Rule Change to add patient SSN, patient name and patient street address to Chapter 241 Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets in 2017-2018 with an effective date of 2019.

Q. Is this to be implemented for the age at admission or the age at discharge?

A. Age at admission. In the MHDO Hospital Inpatient data, the age field IPMVA21\_AGE is calculated based on the admission / start care date (IP2011) and patient’s date of birth (IP2005).

Q. If a patient is 90 years old, then the age on the data file is 90 and the date of birth is allowed to be nonmissing? Or set to missing?

A. The rule of top coding applies to patients ages 90 or older. A person that is 90 years old at admission will have the age field IPMVA21\_AGE set to value ‘90’ and the date of birth field IP2005\_PatientDOB set to missing.

Q. If a patient is older than 90 years old (91, 92, etc.), then the age on the data file is set to 90 and the date of birth is set to missing?

A. The rule of top coding applies to patients ages 90 or older. A person that is 91 years old or older at admission will have the age field IPMVA21\_AGE set to value ‘90’ and the date of birth field IP2005\_PatientDOB set to missing.

# Value-added Fields

## Emergency Department Visits

Q. In the MHDO Hospital data, does Emergency Department data include both Inpatient and Outpatient data sets?

A. Yes, Emergency Department (ED) data is a subset of the Hospital for both the Inpatient and Outpatient data sets. The ED data follows the same format as the Outpatient Hospital data. It is processed with the Inpatient and Outpatient data and is available for the same time periods as these datasets.

Effective with the 2015 hospital data there is an ED Flag (IPMVA25\_EDFLAG & OPMVA25\_EDFLAG) in both the Inpatient and Outpatient data. This flag is set based on the presence of ED-related revenue codes present for each encounter in the Inpatient data and either ED-related revenue codes or ED-related CPT codes in the Outpatient data.

The methodology that we use to identify ED records is any inpatient or outpatient visit that has a revenue code of 0450, 0452, 0456, or 0459 are considered ED visits. In addition, any outpatient visits that include CPT code 99281-99285 are considered ED visits. Note: CMS guidelines call for these CPT codes to always be assigned to 045x revenue codes, however, it allows hospitals to associate these codes with other revenue codes if they had historically done so ([https://www.cms.gov/Regulations-and- Guidance/Guidance/Transmittals/downloads/r167cp.pdf](https://www.cms.gov/Regulations-and-%20Guidance/Guidance/Transmittals/downloads/r167cp.pdf)). Thus, inclusion of the CPT codes prevents overlooking ED visits due to historical billing practices at facilities or for non-CMS payers.

Update 3/1/2018: It came to our attention that we may be undercounting ED visits at Critical Access Hospital because certain payers are being split out and we cannot use revenue codes to identify ED-related visits. MHDO/HSRI will discuss with CAH’s the best way to identify all ED visits regardless of the payer for future releases.  We will be updating our methodology once we find out how we can identify these ED visits.

Diagnosis Related Group (DRG)  
Q. What Diagnosis Related Group (DRG) information is available in the Inpatient data?

A. MHDO assigns DRGs using the 3M Grouper software. Currently, two different sets of DRG codes and Major Diagnostic Categories (MDC) codes are created: one based on the All Patients Refined Diagnosis Related Groups (APR-DRG) and the other on the Medicare Severity-Diagnosis Related Groups (MS-DRG). The MDHO had previously also distributed two older versions of DRGs (AP-DRGS and CMS-DRGs) which have since been depreciated by their maintainers.

**DRG information available in the Inpatient Encounter Data:**

|  |  |  |  |
| --- | --- | --- | --- |
| Field Name | Description | Data Type | Length |
| IPMG20\_MSDRG | MS-DRG code | Varchar | 3 |
| IPMG21\_MSMDC | MS-MDC code | Varchar | 2 |
| IPMG22\_MSVer | MS-DRG version number | Integer | 19 |
| IPMG23\_APRDRG | APR-DRG code | Varchar | 3 |
| IPMG24\_APRMDC | APR-MDC code | Varchar | 2 |
| IPMG25\_APRVER | APR version number | Integer | 19 |

Both the APR-DRG and the MS-DRG are revised annually. The DRG version used is available in the data and will be determined by the discharge date on the encounter record following the table below.

**DRG Version Table:**

|  |  |  |
| --- | --- | --- |
| Calendar Year | DRG Version | Date Range |
| 2013 | v30 | 1/1/2013 - 9/30/2013 |
| v31 | 10/1/2013 - 12/31/2013 |
| 2014 | v31 | 1/1/2014 - 9/30/2014 |
| v32 | 10/1/2014 - 12/31/2014 |
| 2015 | v32 | 1/1/2015 - 9/30/2015 |
| v33 | 10/1/2015 - 12/31/2015 |
| 2016 | v33 | 1/1/2016 - 9/30/2016 |
| v34 | 10/1/2016 - 12/31/2016 |
| 2017 | v34 | 1/1/2017 - 9/30/2017 |
| v35 | 10/1/2017 - 12/31/2017 |

Note each version starts in the 4th quarter of one year and extends through the end of the 3rd quarter of the subsequent year. This means that in each year's hospital encounter data, we will have two different versions of the DRGs—one for Q1-Q3 and the subsequent version for Q4.

## Payer Category

Q. What do the MHDO Assigned Payer Category Codes mean?

A. In 2015, we updated the MHDO assigned payer category codes based on conversations with the data user group. The codes ‘12’ Medicare Advantage and ‘00’ Unknown were added, while ‘05’ Blue Cross has been removed. Blue Cross is now recoded as ‘06’ Commercial Carriers. In addition to the category codes, we also include the National Association of Insurance Commissioners (NAIC) Payer Code and Payer Name as received on the encounter records. Payer Names are released if the name does not disclose an individual - over 90% of payer names are released.

| MHDO Assigned Payer Category Code | Category Name | Payer Name Examples |
| --- | --- | --- |
| 01 | MEDICARE | MEDICARE, MEDICARE A B, MEDICARE PART A IP |
| 02 | MEDICAID | MAINECARE, MEDICAID - OUT OF STATE |
| 04 | [TRICARE/USVA](file:///C:\Users\kmullins\Downloads\Hospital2016_OP_ReleaseNotes170630finalv2%20(3).docx#RANGE!_ftn1) | CHAMPVA, TRICARE, VA TOGUS |
| 06 | COMMERCIAL CARRIERS | AETNA HMO, ANTHEM BCBS, UNITED HEALTH |
| 07 | CHARITY/UNCOMPENSATED CARE | DISCOUNTED CARE, FREE CARE, UNCOMP CARE |
| 08 | SELF PAY | SELF PAY NO INSURANCE, S/P SELF PAY |
| 09 | WORKERS COMPENSATION | BATH IRON WORKS WC, LIBERTY MUTUAL WC |
| 11 | OTHER | RISK MANAGEMENT, HOSPICE |
| 12 | MEDICARE ADVANTAGE | AETNA MEDICARE HMO, HUMANA MEDICARE |
| 00 | UNKNOWN | MH NET, RM DEPT, MISC PAYER MISC ADDRESS |

## Geocodes

Q. How are geocodes assigned?

A. If your data request includes the release of ZIP codes, you will also receive a geocode. The MHDO assigns a geocode when the city, state, and ZIP code match the entries that appear on the canonical list of geocode values (a data table of Maine geocodes provided by the Maine Office of GIS (MEGIS) is the canonical list used for the assignment and is included in this release). The MHDO will not impute geocodes based on incomplete or conflicting city, state, or ZIP code information. In order to improve our ability to assign geocodes, we are working with those facilities that have not provided consistent city, state, and ZIP code information. Since the beginning of 2016 we are able to assign a geocode for over 99% of the encounters.

## Health Service Areas (HSA)

Q. How are health service areas (HSA) assigned?

A. If your data request includes the release of ZIP codes, you will also receive two HSA assignments. One (OPML23\_OriginalSA or IPML23\_Original\_SA) is based on the Dartmouth Atlas of Health Care methodology and the other (OPML25\_MMC\_HSA or IPML25\_MMC\_HSA) is based on a methodology developed by the MaineHealth/Maine Medical Center Planning Department which is also based on the Dartmouth Atlas of Health Care methodology with a few modifications.

## Location of Service (LOS)

Q. What is the Location of Service in the outpatient data set?

A. The starting with the 2016 data, each release includes a new coding scheme that allows the field OP4005\_LocationofService to be categorized as either a 1= Hospital Outpatient encounter or a 2 = Other locations, such as clinics, labs or physician practice. This new field appears on the base record in OP4005A\_LOS\_Category. The support table vwSupport\_LOS\_Codes contains descriptions of the LOS provided by the hospitals.

Q. What does it mean if the LOS is blank?

A. If the LOS field is blank for a given record, this usually indicates that the location of service is at the main facility indicated by the OP0102\_SubmitterEIN field rather than an associated clinic or other sub-facility.

## External Cause of Injury Diagnosis Codes

Q. What should be submitted in Record Type 73 (OP7301 – OP7327) if there was not an external cause of injury? Should we submit empty records?

A. OP73 codes are only expected when there was an external cause of injury. If there is an S or T code (Injury or Poisoning) in OP7104, the first Ecode field is enforced. Only include records when there are values to report; do not send empty records.

## Secondary Diagnosis Codes

Q. When should Record Type 74 (OP7401 – OP7427) records be populated?

A. The OP74 records will only be populated if there are additional (“other”) diagnoses that need to be provided in addition to the principal DX code. Do not send empty records.

# Other

Q. Should I see a procedure code on all Inpatient admissions?

A. No, the service lines where procedures codes are missing are what we would expect to see – for example medical sub-service lines (medical cardiology, medical orthopedics and spine, etc.).

Q. Does the Hospital data include uninsured patients’ diagnoses? In other words, would the uninsured patients’ data be the same as all other patients’ data except that there would be no payment information?

A. Yes, services rendered to the uninsured are reported in the Hospital Inpatient and Outpatient data. Patients with no insurance appear with “self-pay” indicated as the primary “payer.” Note: The hospital encounter data releases exclude all financial data.

Q. Why do some hospitals have high rates of self-pay for pay2 and pay3 fields?

A. There are two hospitals that have confirmed that their system defaults to self-pay in the payer fields after all validated insurance carriers are included.

Q. How do you identify Inpatient Rehabilitation Discharges since the conversion to ICD-10?

A. Since the switch to ICD-10 from ICD-9 there is no longer a way to identify rehabilitation discharges in the MHDO hospital inpatient data. Before the transition to ICD 10, hospital data coders were instructed to use a “V” code for any inpatient rehabilitation patient discharge which made the identification that a patient was an inpatient rehabilitation patient.  With the introduction of ICD-10s, this concept was not carried forward as the National Center for Health Statics (NCHS) feels that rehabilitation is a procedure, not a diagnosis.

Beginning in the 4th Quarter of 2015 and all of 2016 data, inpatient rehabilitation encounters are not all being grouped into DRGs 945 and 946, instead they are being grouped into other DRGs. NCHS has suggested that looking at revenue codes is the way to identify rehabilitation cases. Below is a list of revenue codes that may be useful for the identification of rehabilitation discharges. MHDO is working with data users and coding experts to determine if there are other ways to code these discharges in the existing data or if we would need additional information submitted from the hospitals.

* 0420-0429: Physical therapy
* 0420: General classification
* 0421: Visit charge
* 0422: Hourly charge
* 0423: Group rate
* 0424: Evaluation or re-evaluation
* 0429: Other physical therapy
* 0440-0449: Speech-language pathology
* 0440: General classification
* 0441: Visit charge
* 0442: Hourly charge
* 0443: Group rate
* 0444: Evaluation or re-evaluation
* 0449: Other speech-language pathology
* The 043 series would also be helpful as it covers occupational therapy.