

## REPORTS HIDI PROVIDES HOSPITALS

Each quarter when UB discharge data is submitted and processed, HIDI produces three (3) different types of reports for each THA HIN member hospital. **It is very important that hospitals review each of these reports each quarter to verify that the quarterly data is accurate and complete.** The reports HIDI creates each quarter include:

1. LOAD SUMMARY REPORTS (also called Data Submission Summary)
2. ERROR SUMMARY REPORTS (includes ERROR DETAIL REPORTS)
3. VALIDATION REPORTS

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The **LOAD SUMMARY or Data Submission Summary** indicates the number of discharges HIDI received by bill type. This report indicates if any duplicate records were submitted, if any bad continuation records are skipped, and if any (good) continuation records were found in the file. This report takes the total number of records submitted by the hospital and subtracts duplicate records, bad continuation records, records with ineligible bill type\*, and good continuation records (so they don't count the discharge twice). The result is the number of records kept prior to editing. This report also compares the total charges reported by the hospital to the total charges calculated by line item charges. The number of records kept prior to editing is distributed by month at the bottom of the load summary.

\*Some records are not kept because the bill types are not included in the definition of required reporting. For example, records with bill types 18x, and 81x are not kept in the databases. These bill types reflect types of discharges that are not required. If HIDI drops any records because of bill type (not required), this will be reflected on the Load Summary Reports.

(Note: This report is one place where records that are dropped (not kept) will be reflected.)

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The **ERROR SUMMARY REPORTS** provide a listing of all errors – fatals and warnings. This report identifies how many records had each type of error and the error rate by type of error. Several indicators are listed at the bottom of these summary reports. The first one listed, "Number of Records with Fatal Errors", indicates the number of records with fatal errors AND the corresponding fatal error rate that is used to determine whether a hospital's data meets the quality requirement. In 2007, the Tennessee Department of Health requires all data have no more than 2% fatal error rate. If the fatal error rate for any file is above 2%, corrections have to be made by the hospital until the rate is acceptable.

Another indicator on each of the Error Summary Reports, "\*\*\*\*Total Non-Required Records Dropped – Not Edited" will reflect the number of records that are dropped because, although they have a valid bill type, they do not meet the definitions established for a discharge that is required to be reported.

(Note: The Error Summary Reports is another place where records that are dropped (not kept) will be reflected.)

The **ERROR DETAIL REPORTS** that follow the Error Summary Report provides the record-level information for the records in error.

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The **VALIDATION REPORTS** provide multiple tabulations, or *exhibits*, that are generated from the discharge data submitted by each facility. There is a set of validation reports for each inpatient file and a set for each outpatient file submitted by a facility. ***The purpose of the validation reports is to identify major discrepancies in coding methods and data submission that the edits may not catch. Validation Reports should be checked each quarter to validate that the data from your hospital looks reasonable. No one knows your data like you do. By checking these validation reports, you may catch errors in the submission that the edits are not able to catch just because the data doesn't look right to you.***

For example, Validation Exhibit One looks at number of discharges by month. If a hospital submits first quarter data and the distribution of discharges by month shows January with 203, February with 18, and March with 198, wouldn't the hospital question whether all February discharges were submitted? There is no edit that would catch this type of error but by looking at the Validation Report, the hospital could quickly notice that a problem existed.

The following is a list of the Validation Report exhibits:

- Validation Exhibit One** - Frequency Distribution of Inpatient (or Outpatient) Discharges by Month for Calendar Year
- Validation Exhibit Two** - Frequency Distribution of Length of Stay
- Validation Exhibit Three** - Frequency Distribution of Age Ranges
- Validation Exhibit Four** - Frequency Distribution by Sex
- Validation Exhibit Five** - Frequency Distribution by Race/Ethnicity
- Validation Exhibit Six** - Frequency Distribution of the Number of Diagnosis and Procedure Codes Reported per Discharge Record
- Validation Exhibit Seven** - Frequency Distribution by Payment Source
- Validation Exhibit Eight** - Frequency Distribution by Discharge Disposition
- Validation Exhibit Nine** - Frequency Distribution by Admission Type
- Validation Exhibit Ten** - Frequency Distribution by Admission Source
- Validation Exhibit Eleven** - Frequency Distribution of the Top Fifty Principal Diagnoses and Frequency of all Principal Diagnoses
- Validation Exhibit Twelve** - Frequency Distribution of the Top Fifty Principal Procedures and Frequency of all Principal Procedures
- Validation Exhibit Thirteen** (Inpatients only) - Frequency Distribution of the Top Fifty Diagnosis Related Groups and Frequency of all Diagnosis Related Groups
- Validation Exhibit Fourteen** (Inpatients only) - Average Charge per Top 50 Diagnosis Related Group (in Dollars) by Listed Payment Source
- Validation Exhibit Fifteen** - Frequency Distribution of the Top Two Hundred and Fifty (250) Zip Codes
- Validation Exhibit Sixteen** - Frequency Distribution of the Top One Hundred (100) Counties
- Validation Exhibit Seventeen** - Frequency Distribution of the Top One Hundred (100) Attending Physicians

(Note: In Exhibit One of the Validation Reports, records that are dropped (not kept) will be reflected.)