Meeting Notes

Outpatient Data Work Group

March 4, 2013

1:30 pm

Agenda Item	Discussion	Action/Results
Opening Remarks	Kim went over the agenda. Data layout was distributed. Olga, Srinivasa and Lisa will give an update on the site visits. Lisa will go over any additional information from the data vendor. Reminded group that the minutes from the last meeting where on the OHCA website along with the FOI Statute and the opinion on HIPPA.	
Proposed Draft Data Layout	Olga went over Lisa's comments and changes were made to the layout based on the comments: 1) Question #11 regarding use of Social Security numbers. Some facilities are no longer collecting social security numbers but we do not know how to link patient information otherwise, so for now that portion will be left in until it can be sorted out. 2) Took out the admission registration hour and discharge date and replaced it with date of service, also took out discharge hour. 3) Trimmed down the categories on patient discharge status to number #23 (we only have 3 now) which are: Discharge to home or self-pay, discharged or transferred to another short term general hospital for additional care and admitted as an inpatient to this hospital. Mary noted that once the patient is admitted to hospital it will be all one encounter in other words there won't be separate encounters. Therefore number 9 admitted won't exist (outpatient will now be counted as inpatient.) 4) Took out 2 or more races. 5) From 44-49 (took out admitting diagnosis and patient present for visit) kept in external cause of injury because in the 1500 you also have instead of external cause of injury on numbers 46-48 you could have cause of injury so I put the two together. If it is applicable it will be recorded. 6) With diagnosis codes we do not have present on admission indicators because it is an outpatient record so we took those out but, still kept the diagnosis code and made allowances for the fact we will be using ICD9 and ICD10; and even though most facilities will have 3or 4 diagnosis's we kept the 10 in just in case. 7) Took out the procedure table because outpatient cases do not get ICD 9 they get CPT codes so threw those into the revenue code table and deleted the procedure table. 8) Took out the extra modifier in the revenue table. 9) The final table, the facility table, included contact name, address, fax number and email just in case we had questions on the data. 10) One additional question was to provide payment sources and the payer ID and payer descriptions but these are, still being worked on. Will probably combine what we already have in the discharge database with what is in the EDI in the translator system found on the web that had lot of coding for other payers and will try to merge the two together and provide for comments. Mary Lyons will double check all the fields. Mary and John had concerns with the using Social Security for tracking. Olga highlighted areas of possible concern in Data Layout: Number 11 (Will keep that until after data is collected.) All others that were highlighted were removed from data	Group would be getting back to Kim with any concerns regarding the layout. Mary will be checking the fields.

	accept #8, which is now #23 (patient status). Other diagnosis 24 & 25 have been taken out and patient reason for visit is taken out. Keeping external cause of injury code. Took out Procedural table. There was a question about external cause of injury code and why was it left in. Olga responded that the equivalence for that is place of injury and that is on the bill (1500) so it was left in. Kept in 10 diagnosis codes. If IC9 is used for billing purposes then when we switch over to IC10 in 2014 the billing would still be correct. Took out the fifth modifier for the CDC code. The last table included contact. The Diagnosis pointer is on 1500 and it relates the procedure to the diagnosis, if you have it you have to report it. At this point Kim would like to finalize the data layout and asked that once reviewed if there are any questions please let her know, otherwise the layout has been confirmed and then the group will move on to other items.	
Site Visits to Ambulatory Surgery Centers	Lisa gave an update regarding the site visits of three Ambulatory Surgery Centers. Lisa Winkler, Olga Armah and Srinivasa Chalikonda went on the site visits, all of which were in Middletown, CT. About an hour was spent at each facility. Started out with an orthopedic facility, this was a newer facility and fully integrated electronic medical system. Then they went to an endoscopy facility, which was less sophisticated and still uses paper. Their billing is offsite. The third facility was a plastic surgery office that was very small where one person runs the office and wears many hats. There would be very little data help in the last office. The three facilities gave a good example of what exists. Staff that attended the site visits thought that they were very helpful. The web layout will accommodate the various systems. There will be an expense for providers for buying or updating their systems to accommodate the data layout. There might be a little more difficulty getting information from the self-pay patients because they are not always submitting information to an insurance company. There is a bill in now which would allow people to opt out of the all payer claim database (having their records captured in the database). There are concerns that people will have once they find out their data might be going out to government regarding possible data breaches. It was brought up that sometimes patients do not want their insurance companies to be billed for a procedure, the patient will self-pay and the hospital has to comply. When the insurance company asks the hospital for a record for this person the hospital has to have a mechanism in place that would allow the ability to extract the self-pay information from the record prior to be sent to the insurance company. Those self-pay patients might not like to give information out that might be required by law when they are not submitting the information to their insurance company. Hospitals are already dealing with these situations.	
Data Vendor Experience	Regarding the white paper information, Lisa Winkler noted that she sent something to the AFC? Association to get some information from other states and did receive some responses but did not have the opportunity to review. It might be a good idea to reconnect with Angie. Louise also emailed a sales contact person to try and get some information as well.	Lisa will reconnect with Angie for the next conference call
Next Steps	Waiting for APCD regulations to get passed. Lisa met with Kevin Counihan of the Health Exchange and talked about the importance of sharing information with the agency to avoid duplication of efforts and he said he would look into touching base with OHCA. The outpatient data has to come in by 2015 and OHCA would prefer to have a test pilot program with facilities at different levels of sophistication. Will use simplified format for the pilot and Srinivasa and Olga would be the key people, this will not be a rush since, we would like to take our time and do it right with each provider. May take 6 months or more to do it right. Need a time table for the implementation of an operational pilot. A VPN (a secured key) will allow direct protective connection until a more	Lisa Pinpoint some providers that could be part of a pilot. Layout time table for the pilot. Lisa will follow up with Kevin Counihan. Come back to the next meeting with any concerns regarding establishing a pilot program i.e. what would be the right number of providers for a test pilot.

	permanent connection can be set up. There was a question of whether or not someone who has a MAC cannot access the protected site. It was noted that current technology at DPH does support all browsers. This will be a web based tool where you would have to bring up a web browser and this will have to be looked into because there might be different browsers that are used by providers. There might also be some limitations on older systems. The data entry application will be up and running before the pilot will begin. Group will meet again a month from now.	

Attendees: Kimberly Martone, Kaila Riggott, Olga Armah, Lisa Winkler, Carl Schiessl, Joshua Wojcik, Srinivasa Chalikonda, Mary Lyons