

**LOUISIANA HEALTHCARE DATABASES PROJECT
SUMMARY OF PROJECT MODIFICATIONS
BASED ON LISTENING SESSION FEEDBACK**

TOPIC 1: TIMELINES/DEADLINES

ISSUE	INITIAL DHH PROPOSAL	PARTICIPANT FEEDBACK	DHH RESPONSE
File-Submittal Schedule	Facilities submit monthly files.	Monthly reporting will be a hardship at this point.	<p>Facilities will be required to submit quarterly files for IP, ED, and AS data (see Appendix A). Facilities will be given 45 days from the end of the quarter to submit a file for that quarter. Edit checks and updates for data-improvement purposes will be allowed until the end of the data year.</p> <p>Facilities will have a preview period prior to public reporting in which further modifications and edits may be submitted.</p> <p>If the number of encounters each quarter changes by more than 1% by the end of the data year, DHH will request an explanation from the facility for the discrepancy. DHH's inquiry will not imply imposition of penalties.</p>
Deadline for Submittal of Inpatient (IP) Data for 2014 Discharges	April 1, 2015	Push deadline back to allow for extra time during the transition from ICD-9 to ICD-10 which is effective October 1, 2014.	<p>The deadline will be extended to August 1, 2015 (see Appendix B). This extension also allows DHH time to process final files and reports by September 1, 2015 (the Department's deadline to submit IP data to HCUP annually is currently June 1).</p> <p>The second-year's submission (i.e., 2015 discharges) will be due on February 14, 2016. See the comparison charts in Appendix B for timelines/deadlines.</p>
Rollout of Reporting Requirements	Facilities begin submitting IP data the first year (2014), ED data the second year (2015), and AS data the third year (2016).	It may be easier to submit ER data first to allow HIM to work closely with ER doctors with the transition to ICD-10 as	Due to the IP extension to August 1 to allow for greater validation time as well as feedback from a majority of hospitals, DHH will retain the current requirement to begin with IP submission

		opposed to working across the entire organization for the IP data.	as the first data set. Additionally, facilities will be allowed to send ED and AS data in advance of required reporting to allow for submission testing.
Inability to Report on Time	A Waiver/Extension Process allows for facilities who experience legitimate hardships when trying to comply with the submittal requirements.	IT/HIM systems are undergoing a restructuring process that may affect the timely submittal of data according to established deadlines.	Should the restructuring result in hardships in the process of data submittal, facilities will have recourse to waivers and/or extensions as governed by DHH rule.

TOPIC 2: SPECIFICATIONS

ISSUE	INITIAL DHH PROPOSAL	PARTICIPANT FEEDBACK	DHH RESPONSE
Updates to the Health Care Data Specifications Manual	DHH will update the manual annually according to the National Uniform Billing Committee's (NUBC's) and American National Standards Institute, Accredited Standards Committee (ANSI/ASC) X12 implementation schedules.	Allow for reasonable time to update their respective reporting systems.	DHH will implement changes annually following NUBC's and ANSI/ASC X12's most current implementation schedules. The DHH Health Data Panel will be responsible for reviewing suggested new data elements and recommending changes to the Secretary for implementation. The one exception will be when state or federal law mandates immediate changes.
File-Transmittal Format	Facilities will transmit their respective healthcare data using institutional-claim format 837 established by ANSI/ASC X12.	Hospitals use a 5200 format when sending data to their intermediary.	Facilities may continue using the 5200 format in their submittals to their intermediary so long as the intermediaries send files in the 837 format.
Service/Billing Provider Identifiers	The <i>Louisiana Health Care Data Specifications Manual</i> requires that service/billing providers (i.e., facilities) submit two identifying numbers: <ol style="list-style-type: none"> 1. National Provider Identifier (NPI) 2. State-assigned Facility Secondary Identifier Number. 	Some facilities (large hospital chains, for example) are licensed by DHH Health Standards as one institution but consist of multiple campuses. These campuses presently submit their respective IP data to DHH separately.	DHH will maintain an up-to-date list of facility license numbers and follow Health Standards' established formats. Each facility will be instructed to use its state license number as the appropriate secondary identifier number.
Provider Identifiers: <ul style="list-style-type: none"> - Attending - Operating - Rendering 	The <i>Louisiana Health Care Data Specifications Manual</i> requires that service/billing providers (i.e., facilities) submit NPI and state-license numbers for attending, operating, and rendering providers (e.g., physicians, nurses).	Facilities expressed reporting problems with edit checks being conducted for state license numbers, which constitutes a burden to submittal.	DHH acknowledges difficulties in aligning provider identifiers. Therefore, even though these identifiers are mandatory reporting, DHH will temporarily not perform edit checks to match the submitted provider identifiers with those on file.

TOPIC 3: COMMUNICATION

ISSUE	INITIAL DHH PROPOSAL	PARTICIPANT FEEDBACK	DHH RESPONSE
Communication Between DHH and Facilities	DHH solicited feedback from facilities on optimal communication methods.	Facilities prefer e-mail communications with the ability to view outputs on a portal.	DHH will establish the necessary system to maintain optimal electronic communication with facilities.

TOPIC 4: CONSUMERS' RIGHT TO KNOW

ISSUE	INITIAL DHH PROPOSAL	PARTICIPANT FEEDBACK	DHH RESPONSE
DHH Administrative Rule	DHH is releasing an administrative rule on September 20, 2013 with a January 1, 2014 effective date governing the data-collection/submittal process by virtue of Act 537 of 2008.	Some facilities may want to see a copy of the rule before it is released.	It is not standard DHH policy to circulate draft copies of a rule before it is released.
Measure Selection		How will DHH select measures?	Measure selection is discussed in the Consumers' Right to Know project and is separate from the healthcare-databases project.
Risk Adjustment	.	Which specific data elements will be used for this purpose?	The data elements to be used will depend on the methodology adopted for the risk adjusted measures.

TOPIC 5: OPERATIONS

ISSUE	INITIAL DHH PROPOSAL	PARTICIPANT FEEDBACK	DHH RESPONSE
Intermediaries	Facilities may continue using intermediaries to send their respective data.	Facilities support DHH's current policy on intermediaries.	No change in the initial proposal.
DHH Institutional Review Board	The IRB will review all requests for research files that fall under the requirements of 45 CFR 46, Subparts A-D and according to LAC 48:I. Chapter 25.	Can membership in the IRB include facilities?	Current state law requires a multidisciplinary team which includes a "direct service provider" member. DHH will examine the current rule to determine if a revision is warranted.
Funding		Some facilities have expressed concerns about not having enough funds for additional technical and/or personnel resources.	DHH recommends that facilities look into possible grant opportunities from the federal government.

**APPENDIX A
PROPOSED AND REVISED REPORTING SCHEDULES**

Proposed:

Discharge Month	Deadline for Initial Submittal of Data	Deadline for Final Submittal of Revised/Updated Data
January	March 17 (March 16 if a leap year)	April 30
February	April 14 (April 13 if a leap year)	May 31
March	May 15	June 30
April	June 14	July 31
May	July 15	August 31
June	August 14	September 30
July	September 14	October 31
August	October 15	November 30
September	November 14	December 31
October	December 15	January 31 of the following year
November	January 14 of the following year	February 28 of the following year (February 29 if a leap year)
December	February 14 of the following year	March 31 of the following year

Revised:

Discharge Quarter	Deadline for Initial Submittal of Data	Deadline for Final Submittal of Revised/Updated Data for Quality Reporting
1 st	May 15	June 1
2 nd	August 14	September 1
3 rd	November 14	December 1
4 th	February 14 of the following year	March 1 of the following year

APPENDIX B
PROPOSED AND REVISED DATA-COLLECTION TIMELINES

Reporting Event	Proposed Deadline	Revised Deadline
Updated standards for inpatient (IP) data become effective.	January 1, 2014	January 1, 2014
Begin submission of 2014 IP data.	October 1, 2014	October 1, 2014
Newly-created standards for emergency-department (ED) data become effective.	January 1, 2015	January 1, 2015
Deadline for submission of one year's worth of IP data.	April 1, 2015	August 1, 2015
Begin submission of ED data.	July 1, 2015	July 1, 2015
Newly-created standards for ambulatory-surgery (AS) data become effective.	January 1, 2016	January 1, 2016
Deadline for submission of one year's worth of ED data.	February 15, 2016	February 15, 2016
Begin submission of AS data.	July 1, 2016	July 1, 2016
Deadline for submission of one year's worth of AS data.	February 15, 2017	February 15, 2017