Data Coordinator Manual

Data Submission Services 866-262-6222
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October, 2017
COMPdata is a product of the Illinois Health and Hospital Association.

COMPdata provides data processing services for the collection of inpatient, swing bed, outpatient surgical, Emergency department, observation care, imaging, diagnostic discharge claims data on behalf of State Associations and Departments of Public Health.

These data are collected from facilities in accordance with their state’s requirements.

- COMPdata Data Submission Services provides a quality driven reporting system that follows the Uniform Billing (UB04) Code standards and CMS Medicare edits, and support from a quality improvement team to assist customer in meeting this criteria.

### Understanding Data Uses

Your State Association or Department of Public Health receives a data release on a quarterly basis.

- In turn, COMPdata provides a database for reporting facilities to do their own in-house data analysis, e.g. Finance, Planning, and Quality departments within your facility through a subscribership.
- State and Federal Governmental Agencies
- facility internal analysis
- Certificate of Need (CON) Review
  - Expansion of Services and Technology may be denied if data doesn’t justify the need
- Advocacy with State Legislature
- Readmission Reports
Data Coordinator Manual

Data Submission Services: Click here
✓ Bookmark this link or create a shortcut

Provides the following submenu items for Administrative Data Reporting:

🌟 New customers
   - Account request forms
   - HIPAA compliance information

🌟 Data Submission Late Load Policy and information
   - Late Load Process
   - Forms and Fees
   - Release Cycle

🌟 IL or MT Administrative Data
   - Access data reporting system
   - Submission due dates
   - Message board
   - Tools and tips

🌟 COMPdata System Training
   - Webinar topics and schedule
   - Video training library
HIPAA Compliance: COMPdata Data Submission Service contains PHI information and strictly adheres to Industry standard HIPAA compliance policy.

System Access User Types:

Primary Account Manager: Each facility is required to designate a Primary Account Manager to maintain user accounts and authorize users for their facility and/or vendors to gain access to the COMPdata’s Data Reporting System, receive feedback reports, and processing notifications.

Secondary Account Manager: Backup to Primary

Vendor Access: Facility authorized data submitter

- All users must be authorized to access this site. Failure to comply or any misuse of the site and its content will result in legal action taken by IHA’s legal department.

- Passwords expire every 90 days. Users are required to maintain a current password to continue system access and/or receive system-generated reports and other submission notifications.

- The system will automatically email user accounts 10 days prior to password expiration.

- IDs and passwords are to remain confidential to the user assigned and under no circumstance should be shared.

- Password reset request must come from the authorized user.

- The Primary Account Manager must ensure they notify COMPdata immediately of staff changes e.g. separation of employment or changes in duties to deactivate access.

Proper Handling of Private Health Information (PHI):

PHI in communications: It is against HIPAA policy to include any identifiable patient information in email communications to COMPdata without a secure mail system. Immediate legal action will be taken if you do not comply.

- COMPdata support staff has access to your account and can discuss any PHI related issues by calling our support line.
## Submission Guidelines

**Data Coordinators** oversee and or complete the quarterly submission process outlined in this manual and state guidelines.

- Illinois: [State Mandates](#)
- Montana Hospital Association Guidelines: [MT Guidelines](#)

### Best Practices:
Comply with quarterly submission deadlines and meet or exceed the percentage of error free data levels established.

- Illinois Hospitals and ASTCs = 98%
- Montana Hospitals = 90%

### Required/mandated actions to meet minimum compliance level:

- Complete your manual data entry of monthly discharge volume within the COMPdata Data Submission System, *View Status screen*
- Monitor percentage levels and quality of elements submitted using the Data Submission Verification and Data Quality Summary Report (*DSVR/DQSR*)

#### Why entering monthly discharge volume is so important:
The (*DSVR/DQSR*) report is provided to the Illinois Department of Public Health (IDPH) and Montana Hospital Association and is reviewed for compliance levels.

- Failure to complete the process of entering case counts generates a *[0% of reporting level]*.

### IL - IDPH Required Affirmation Statement (*Attestation Form*):
The State of Illinois Final Rules stipulates that every facility CEO or designee must provide a signed Affirmation Statement within 15 days after the final close date.

**They are attesting to the following:**

- That any necessary corrections have been made; and that the data submitted are complete and accurate based on the quarterly outcomes provided on the *DSVR/DQSR*.
- Reasons for not meeting the minimum requirement are also to be stated on this from.

  - Hospital Attestation Form
  - ASTC Attestation Form

Note: You will be submitting this form directly to IDPH. COMPdata is unable to confirm receipt.
### Required Data Elements and Formats

<table>
<thead>
<tr>
<th><strong>Data Requirements:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The State specific links provide the following for programing data files:</td>
</tr>
<tr>
<td>- COMPdata Flat File layout</td>
</tr>
<tr>
<td>- Required data fields for COMPdata Flat File or 5010 837</td>
</tr>
<tr>
<td>- Data specification reference to the UB-04, CMS edits and State Reporting guidelines.</td>
</tr>
</tbody>
</table>

### State Specific Links

- **Illinois:**
  - Hospitals: [IL Data Element list / COMPdata’s Flat File Format](#)
  - ASTCs: [IL ASTC Data Element list / COMPdata’s Flat File Format](#)
  - Illinois: [IL Rev Code Category List for outpatient submissions](#)

- **Montana:**
  - Hospitals: [MT Data Element List / COMPdata’s Flat File Format](#)
  - Montana: [MT Rev Code Category List for outpatient submissions](#)

Programming questions for 5010X223A2 837 file format submitters.

- The 5010X223A2 837 is a licensed product that your systems or vendors will have access to programming guides for file layout.
- Use the reference above for required data elements specific for your State.
- Note: COMPdata is unable to provide sample files for 5010 file layout or program guides.

**Edit Error Code Reference Sheet**: List of error codes applicable by state. Provides definitions of each fatal edit with cross walk informational codes, and warnings of potential quality issues.

This reference is to be utilized during initial startup for file creation and claims reconciliation of rejected claims or quality data improvements after each submission.

### Data Submission - System Training
As a new data coordinator you are provided a welcome packet with your user account information

Please enter the login information provided in your welcome packet in the login screen

**Main Menu Overview**

- **Upload Data:**
  - Data coordinator will submit files (batch) via this screen

- **View Status:**
  - Data Submission Summary – Count Entry Screen
  - Data Submission Status Report – Status of Submission and Batch Detail link to confirmation page

- **Download Reports:**
  - Access area to obtain data submission reports generated from file submissions or AdHoc Reports run

- **UB Claims Review:**
  - Online claims corrections full UB claim review

- **AdHoc Report:**
  - Create data loaded reports or error AdHoc reports in excel format

- **Change Password:**
  - Manage and change your password

- **Resources:**
  - Location of reference documents to assist in data submission e.g., edit reference sheet
The COMPdata system assigns a number to all uploads for tracking purposes called the **Batch ID**.

The Batch ID is located on the following:
- The upload confirmation page
- View Status Screen

Refer to the files Batch ID when requesting assistance with your file submissions and reviewing submission results.

Submissions must be:
- Appropriate format for the type of file being used
- Can be transferred in the ASCII format
- An upload containing single or multiple files can be no larger than 50MB

**IMPORTANT NOTE:**
- Do not send an entire directory
- Zips files before uploading

Processing options:
- **Production:**
  - Submissions are processed as received and are completed instantaneously upon a successful upload
- **Test:**
  - Processing is held and completed after 7PM
  - You will be notified by e-mail when the data has processed

Submit a file step by step:
- Click on “Upload Data”
- Below Screen will appear:

**Upload Data Submission**

- Click the "Browse" button, select the file you wish to upload and click the "Upload" button. You will receive confirmation when the upload has completed.
- This is a Test File
  (Note: Test files are queued and processed during non-peak hours.)
The following window pops up:

- Left hand side of the window, locate and click on the drive the files are located in:
  - Files and Folders contained in the drive will appear on the right side of the screen
- Double click on the folder to the right to view the content

- Choose a file to upload within a folder on the right by clicking on it:
  - The file should now be viewable in the file name box

- Click on Open
• A confirmation message appears at the bottom of the screen and provides the file name uploaded successfully and the (Confirmation number) referred to as the Batch ID IL104435 on submission logs and status screens.

Zipped files each receive their own Batch ID as shown in this example:

• Note this information or do a "print screen" for tracking purposes.
Reviewing Submission Results

File/s other than test process immediately and generate reports for submission results. An email notification is sent to the submitter of the file on completion of processing and reports generated.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Purpose</th>
<th>Main Menu Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch Log</td>
<td>File content: Provides file content such as: Discharge date range, bill type accepted and/or rejected, number of duplication of claims, and the accepted error free count by month and patient type.</td>
<td>View Status: The Batch ID list is located on the lower half of the View Status screen. Each batch ID is an active link to the batch log.</td>
</tr>
</tbody>
</table>
| DSVR/DQSR   | Excel spreadsheet: This combined report is broken down by data type (IP, OS) and report type. 

**DSVR:** Provides the quarterly totals and percentage of data accepted. 

**DQSR:** Provides volume by data elements reported such as payer. 

This report is given to the State with final quarterly files. IL – Attestation form | Download Reports |
| Edit Error Report | Provides a report in PDF format of the rejected claims. Used for reconciliation within in-house departments for corrections online or through file submission. | Download Reports |

### Submission Reports Overview

### On Demand Reports

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Purpose</th>
<th>Main Menu Location</th>
<th>Location Published</th>
</tr>
</thead>
<tbody>
<tr>
<td>Error Report</td>
<td>Provides report run options in an excel format of the errors pending correction with the same error detail in the PDF version</td>
<td>AdHoc Reports</td>
<td>Download Reports</td>
</tr>
<tr>
<td>Accepted Claims</td>
<td>Provides report run options in an excel format of claims accepted. Used to reconcile missing claims, duplications that cause above 100% reporting percentage.</td>
<td>AdHoc Reports</td>
<td>Download Reports</td>
</tr>
</tbody>
</table>
After submitting a file go to:

View Status on the main menu

The following page appears

**Part 1**

- Illinois counts are due within 30 days after the end of each month. Corrections/adjustments are allowed until five days prior to the quarterly patient data file submission deadline.
- Montana counts are due by the same quarterly deadline as the patient data files.

**Top of screen – Data Submission Summary**

- Enter counts under the respective months, thus automatically generating the % of reporting on the screen.
- You must click on the “save” button to keep your data entries or changes.
- Closed quarters are gray in color, and do not allow entry of counts.
- To exit this screen, go to Navigator Bar and click on any button.
Part 1 continued

Counting Method

Facilities must report a Monthly Case Count figure for each outpatient service category, which represents the patient volume for those services for any given month.

Data Coordinators must provide completely separate monthly case counts for each outpatient service category (See State-Specific Revenue Code Category List). Facilities must report a Monthly Case Count (numeric figure) for each inpatient case and outpatient service category, which represents the patient volume for those services for any given month.

Data Coordinators must enter on the data submission entry screen a completely separate monthly case counts (numeric number) for each of the following as specified by your state requirements or guidelines:

Inpatient:
- Claims and encounter data pertaining to each inpatient discharged.
- Numeric number count of all inpatient cases.

Outpatient Surgery (OS):
- Information relating to any patient treated with an ambulatory surgical procedure within any of the general types of surgeries.
- Claims and encounter data pertaining to case data for each emergency department (ED) visit (wherever care is administered) and each observation case (OC), Imaging (IM).
- Numeric number count of all outpatient cases as defined by the revenue code category list.

Outpatient Revenue Hierarchy Counting Method:
- Each outpatient case is counted ONLY ONCE.
- Revenue code counting hierarchy is listed in the table below from left to right.
- The first should include all Outpatient Surgical (OS) cases, as calculated previously, regardless of whether they include ED, OC, or IM services.
- The second count should include all Outpatient Observation Care (OC) records, regardless of whether they also contain Emergency Department.
- The third count should include all Emergency Department (ED) or Imaging (IM) records or that contain no OS or OC services.
- The fourth count should include all Imaging (IM) records that contain no OS, OC, or ED. IM counts are for patients who have Imaging Services ONLY.

<table>
<thead>
<tr>
<th>Revenue Code Categories</th>
<th>Revenue Code Counting Hierarchy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OS</td>
</tr>
<tr>
<td>OS</td>
<td>X</td>
</tr>
<tr>
<td>OS &amp; OC</td>
<td></td>
</tr>
<tr>
<td>OS &amp; ED</td>
<td></td>
</tr>
<tr>
<td>OS &amp; IM</td>
<td></td>
</tr>
<tr>
<td>OS &amp; OC &amp; ED &amp; IM</td>
<td></td>
</tr>
<tr>
<td>OC</td>
<td></td>
</tr>
<tr>
<td>OC &amp; ED</td>
<td></td>
</tr>
<tr>
<td>OC &amp; IM</td>
<td></td>
</tr>
<tr>
<td>OC &amp; ED &amp; IM</td>
<td></td>
</tr>
<tr>
<td>ED</td>
<td></td>
</tr>
<tr>
<td>ED &amp; IM</td>
<td></td>
</tr>
<tr>
<td>IM</td>
<td></td>
</tr>
</tbody>
</table>
Part 2

Data Submission Status

Summary information as shown in the header below:

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Received</th>
<th>Low Date</th>
<th>High Date</th>
<th>IP Records</th>
<th>OP Records</th>
<th>Status</th>
<th>Delete</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL1296</td>
<td>4/12/2013</td>
<td>10/1/2012</td>
<td>10/31/2012</td>
<td>0</td>
<td>5191 LOADED</td>
<td>Delete</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>IL1297</td>
<td>4/12/2013</td>
<td>10/1/2012</td>
<td>10/31/2012</td>
<td>955</td>
<td>0</td>
<td>LOADED</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**IP or OP Records** = numeric value

**Status** =
- Loaded
- Processing
- deleted
Active Links:

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Received</th>
<th>Low Date</th>
<th>High Date</th>
<th>IP Records</th>
<th>OP Records</th>
<th>Status</th>
<th>Delete</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL1296</td>
<td>4/12/2013</td>
<td>10/1/2012</td>
<td>10/31/2012</td>
<td>0</td>
<td>5191</td>
<td>LOADED</td>
<td>Delete</td>
<td>No</td>
</tr>
<tr>
<td>IL1297</td>
<td>4/12/2013</td>
<td>10/1/2012</td>
<td>10/31/2012</td>
<td>955</td>
<td>0</td>
<td>LOADED</td>
<td>Delete</td>
<td>No</td>
</tr>
</tbody>
</table>

Batch ID is the new internal tracking number assigned to each file upload. This link will provide a confirmation page, which you can print and/or save.

**Batch (File) ID link** will summarize the results of your data submission. You can review this report to see that the data you intended to send were in fact sent, and what the results were after processing. The number that appears is the Batch ID confirmation number you received at the time of your submission.

The **"Batch Details"** (confirmation page) provides the following information:

- **Bill Types Received**:
  - 111 Inpatient Discharges: 955
  - 0 Outpatient Discharges: 0
  - 0 x07 Updated: 0
  - 0 x08 Deleted: 0

- **Records not loaded**:
  - 0 Closed Quarter/Invalid Discharge Dates
  - 0 Invalid Hospital IDs: 0
  - 0 Invalid Bill Types: 0
  - 0 Invalid Record Length: 0
  - 0 Duplicate Records: 0
  - 0 x07 No-Match: 0
  - 0 x08 No-Match: 0

- **Records by Month**:
  - 2013-04: 955
Deleting Batch Submission

“Delete” link enables the deletion of an entire submission "Batch" and voids out the submission results. The Batch ID remains on the view status log and shows as deleted.

<table>
<thead>
<tr>
<th>Batch ID</th>
<th>Received</th>
<th>Low Date</th>
<th>High Date</th>
<th>IP Records</th>
<th>OP Records</th>
<th>Status</th>
<th>Delete</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL1101</td>
<td>3/15/2013</td>
<td></td>
<td></td>
<td>207</td>
<td>0</td>
<td>LOADED</td>
<td>Delete</td>
<td>No</td>
</tr>
</tbody>
</table>

To delete a complete batch/file:

- Click on “Delete” link.
- The following pop up message will display:
  ![Delete batch pop up message]
- Click on “OK” to delete the Batch/file.
- Click on “Cancel” to cancel your request to delete the Batch.
- You can submit a new or updated original batch.

File Submission Updates/Deletes in Production

At times it may become necessary to update and/or delete individual patient cases that have already been accepted into the COMPdata database.

COMPdata follows the same process that is used to request replacements and deletions on Medicare claims (CMS Manual System – Section: Claim Change Reason Codes). These processes are termed the “XX7” and “XX8” Processes.

**XX7:** Update or adjustment request by using bill type XX7

- Make the necessary changes to fields.
- Change the Bill Type on the case using the formula XX7, whereby the first two digits of the Bill Type remain the same (XX) and only the last digit is changed to 7, (e.g. 111 becomes 117).
- Resubmit the case to COMPdata.

**XX8:** Delete or cancel-only adjustment request by using bill type XX8

- Do not make any adjustments to information on the patient case.
- Change only the Bill Type of the case using the formula XX8, whereby the first two digits of the Bill Type remain the same (XX), and only the last digit is changed to 8, (e.g., 111 becomes 118).
- Resubmit the case to COMPdata.
- The 1st matched case will be deleted from the database.
Information regarding submitting test files:

- Including Test in the naming convention will help you manage your files.
- View Status Screen – Batch Submission Status will indicate test file.
- Once test is processed, the file is automatically deleted by the system and will show deleted on the Batch Submission Status.
- All associated feedback reports will indicate TEST in the job name.
- The test check box will direct files to Test.
  - 5010 T or P indicator is a required segment and can be used to assist tracking file submissions but will not direct the file to test or production.
- Failing to check the test box and uploading the data will:
  - Process in production.
  - If incorrectly sent to production, it will be up to you to delete the file if you do not want it included in the current open quarter.
Feedback Reports

With each submission of data, each individual facility will receive a set of Feedback Reports as follows:

- **Edit Detail Report** – displays information about any record in which an error has been detected
  - Inpatient or Outpatient Error Summary Report
  - Inpatient or Outpatient Error Detail Report

- **Data Submission Verification Report (DSVR)/Data Quality Summary Report (DQSR)**
  - Data Submission Verification Report (DSVR) – indicates the volume of data submitted and accepted for inclusion in the COMPdata database
  - Data Quality Summary Report (DQSR) – provides a detailed breakdown of the data submitted

- **AdHoc Reports**
  - An AdHoc Report provides a listing of all error-free, patient cases accepted into the COMPdata database for the quarter selected for your facility.
  - A warning/fatal error AdHoc report aids in reconciliation of errors.
  - These reports are created on demand.

**Important Note:**
Each Batch ID Edit Detail and AdHoc Report will be deleted 3 days after close dates. For your records, download the report and save it to your computer.
## Edit Detail Report

This report provides:
- Inpatient or Outpatient Error Summary Report – Recap all errors
- Inpatient or Outpatient Error Detail Report – Detail of all edits or errors

These reports display information about any record in which an error has been detected. The report provides key pieces of information so that the record may be easily identified and corrected. This ensures that the final data will be accurate and maintain the integrity of the database.

The Error Summary Report displays the following details:
- Facility name
- Inpatient or Outpatient
- Discharge period
- Error number
- Error Type = Failure (F) / Warning (W) / Informational (I)
- Error message
- Error count
- Error rate

The Error Detail Report displays the following details:
- Facility name
- Inpatient or Outpatient
- Discharge period
- Patient number (defined in UB-04)
- Birth date
- Discharge date
- Attending physician
- Medical Record Number
- Bill type
- Admit date
- Error number
- Error type = F/W/I
- Field value
- Error message
- Corrected value
### Edit Detail continued

With each submission, the Edit Detail Report will:

- Generate new report that continuously updates with each submitted file.
- Corrected errors will drop off and any new errors will be added.
- Generate an email notifying you the edit process is completed and report is ready to review.
- Edit #101 – Identify duplicate patients using the patient number and .X indicating how many times you have submitted the same patient number in the file (e.g. initial pt #12345 --> 12345.1, 12345.2, and 12345.3).
- Error Message indicator:
  - Fatal (F) – errors need to be corrected to be accepted in the database
  - Warning (W) – errors need to be reviewed for accuracy
  - Informational (I) – informational codes provide direction in determining the data element that may be causing the fatal error.
- Files submission with large number of errors will not produce a complete report. Report capacity is 300 pages on each Inpatient or Outpatient Edit Error Report.
- Reports will display in a PDF and can be saved and/or printed.

### Edit Detail Report Example

Click here to see example: [Edit Detail Report Example](#)

### Error Reference Sheet

The Error Reference Sheet is to be used in combination with the Edit Detail report when reconciling errors. This Excel document contains a list of each error code in numerical order and provides the error message received on the Edit Detail Report along with the following additional information:

- Type of Error Code
- Error Description
- Historic Notes
- UB-04 Form Locator
- Indicator flags if applicable by State and Patient Level Data Type
- 1500 Form Locator for ASCs
- Effective Dates

Additional tabs on the spreadsheet provide a document key, a list of error code groupings, Discharge Status Codes, and a County Code look-up link.

- [Error Reference Sheet](#)
<table>
<thead>
<tr>
<th>Feedback Reports</th>
<th>Data Submission Verification Report (DSVR) and Data Quality Summary Report (DQSR) are included in one Excel spreadsheet:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Data Submission Verification Report (DSVR) – indicates the volume of data submitted and accepted for inclusion in the COMPdata database.</td>
</tr>
<tr>
<td></td>
<td>- Data Quality Summary Report (DQSR) – provides a detailed breakdown of the data submitted.</td>
</tr>
</tbody>
</table>

The DSVR provides a summary of the volume of data submitted and loaded into the database. It can be used by the Data Coordinator to monitor and confirm the data being sent to COMPdata. The Percent Loaded column will be used by the COMPdata subscriber for analysis of the data. This number should not be greater than 100%. If larger than 100%, then the actual number of discharges reported might be incorrect. If this occurs, you should reconcile your data submission and your actual counts to ensure they are accurate. You must monitor the Percent Loaded to ensure that the facility is meeting its minimum compliance level. The categories displayed on the report are as follows:

**Data Submission Summary Report (DSVR)**

- Data Type – Designates data as inpatient or outpatient
- Reporting period
- Facility Name and ID #
- Monthly/Quarterly Totals
- Accepted and Reported Cases for inpatient, swing bed, outpatient surgery, observation care, emergency department, imaging, and all other outpatient data as identified by your state mandate or guidelines.

**Calculations**

- Accepted Inpatient/Outpatient Discharges – The number of error-free discharges/cases accepted/counted in the database.
- Reported Counts – The monthly case count values you have keyed into the system, representing your actual qualifying patient volume for each month.
- % Accepted – Number of discharges/cases in the database divided by the reported cases x 100.

**Note:** The outpatient report displays many of these categories separately for each of the different outpatient service categories, depending upon what is required for reporting in your state. The outpatient report may also use verbiage for the categories that is slightly different.
Step 1
Excel Spread Sheet: DSVR & DQSR

Double click

This box may appear and allow you to open or save report:

Step 2
Click on Enable Editing

Green box below on screen are the available tabs:
- DSVR IP
- DSVR OP
- DQSR IP
- DQSR OP
### Step 3

#### DSVR continued

Report will default to Year by Quarter – box #1.

To see the “Year by Monthly” Report – choose box #2.
To see a “One quarter by month” – click on + in front of the quarter.

This report provides a breakdown of the data that have been submitted.

- For each data element, the major categories and the detailed distribution within that category are displayed.
- Separate reports are prepared for Inpatient and Outpatient data.
  - Most data elements are the same for both reports. However, there are some categories that are applicable for only one or the other type of discharge.
- This report allows the Data Coordinator to verify that the submitted values are an accurate representation of the facility’s patient mix.
- If the patient mix appears inaccurate, an error in reporting data at your facility may have occurred.
- Each category should be carefully reviewed and irregularities investigated.
- This report is a vitally important tool in ensuring data integrity.
- This report is utilized in reviewing readmission reports and facility internal analysis.
- This report displays the information that is applicable for your state.
# DQSR

Click on DQSR IP or DQSR OP Tab:

![Data Quality Summary Report - Inpatient](image)

<table>
<thead>
<tr>
<th>Priority (Level of Admission to Staff)</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emergency</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Urgent</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>3. Elective</td>
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<td>4. Reserved</td>
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<td>5. Trauma Center</td>
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<td>6. Information Not A</td>
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**Point of Origin for Admission or ED Visit**

1. Non-Health Care F
2. Other Physician
3. Transfer from a Ward
4. Transfer from a Ward
5. Transfer from a Ward
6. Transfer from a Ward
7. Cost/Use Concern
8. Information Not Av
9. Transfer from a ward
10. Transfer from a ward
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39. Transfer from a ward
40. Transfer from a ward
41. Transfer from a ward

**Patient Discharge Status**

1. Discharged to home
2. Discharged to a ward
3. Discharged to a ward
4. Discharged to a ward
5. Discharged to a ward
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41. Discharged to a ward

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**DSVR / DQSR Example**

**DSVR-DQSR Report Example:**

- [DSVR-DQSR Example Report](#)
- Click on UB Claims Review Screen
- Complete this screen and click on “Build Index”

The screen below will display ALL fatal errors by Patient ID and errors with message
- Click on Patient ID link to view detailed claims screen

Correcting Claims Online: UBClaimsReviewScreen-Correction.pdf for complete instructions on how to complete and process claims within the COMPdata Data Reporting system.

Error Correction Step by Step Process

This Step by Step Process will help you reconcile edit errors on your submission by using COMPdata System, Reports, and Resources.

Resources:
- COMPdata Data Submission System
- Edit Detail Report
- Error Code Reference Sheet ➔ Error Reference Sheet
- Data Coordinator Manual – File Format Specs
- Error Correction Process Step by Step ➔ Error Correction Step by Step Process
Two AdHoc reports are available.

The first AdHoc Report – Submitted Data – provides a listing of all error-free patient cases accepted into the COMPdata database for the quarter selected for your facility.

- Useful for managing particularly difficult reconciliation issues.
- Can be compared to the cases in your internal system that should have been submitted to COMPdata, so that you can determine which ones are missing or duplicated in the database.
- Is in an Excel spreadsheet for ease of reviewing.

This report will display the following variables:

- Patient ID
- Received date
- Admission date
- Discharge date
- Gender
- Patient discharge status
- Birth date
- Point of origin
- Bill type
- Priority type of visit
- Primary payer ID
- Principal diagnosis (DX)
- Principal procedure
- Flags for IP, OS, OC, ED, IM, and OP

The second AdHoc Report, Warning/Error files, allows you to run a report showing all your errors and warnings summarized along with the accompanying error reference 4-digit code. Or you may choose to run that report summarizing a specific warning or error. The Warning/Error AdHoc is an additional report to aid in reconciliation of errors.
AdHoc Reports

Step #1

Click on “AdHoc Report”

Submitted Data AdHoc Report:

Click on drop down arrows to choose:
1. Facility – facility names.
2. Patient Type – types listed below:

For running the Warning/Error files AdHoc report, choose the quarter and year from the quarter pull-down tab, then choose All Errors to see all errors and warnings or choose one or more individual error or warning with its accompanying 4-digit error reference code. Submit. You will see a job number display which has been submitted to create your error/warning file. Go to Download Reports button to retrieve your AdHoc reports.
AdHoc Report

Step #2

On Navigator Bar – go to “Download Reports.”

Click on “File Name AdHoc XXXXdate.xlsx.”

An Excel spreadsheet will open:
- “Enable Editing.”
- Headers are the list of variables in the report.

AdHoc Report Example:
- AdHoc Example Report

COMPdata

CONTACT INFORMATION

Please address all questions, issues, or concerns to COMPdata customer service email: Customerservice@team-iha.org

- Include your contact information:
  - Your Facility Name
  - City, State
  - Your Full Name
  - Your Phone #

Customer Support phone: 866/262-6222