



Data Specs & Security

Health Check Data Specifications & Security

In preparation for Health Check Incorporated's review of your facility's patient accounts, your assigned IT contacts from HCI will work with your facility's designated contact(s) to accomplish the following:

- Produce a sample dataset for validation of data integrity and formatting prior to processing live data. Data specifications accompany this summary
- Obtain access to certain hospital and payor systems to facilitate audit of the data. Obtain access to the facility's imaging system, if applicable, to obtain or reference contracts and other supporting documents when necessary

Data Requirements:

Health Check will be auditing specific types of accounts; and, if you can limit the datasets to these types of accounts only, Health Check auditors can more readily and efficiently identify underpayments at the facility. The types of accounts that should be included in the dataset are outlined as follows:

- All inpatient and outpatient accounts where the insurance balance has been contractualized within the period to be audited, whether or not a patient balance remains, and that have billed charges greater than zero
- The insurance carriers for these accounts should include all managed care and commercial insurance carriers, which include Worker's Compensation and **managed care** Medicare and Medicaid. **Please do not include Government CMS and State Medicaid patient accounts that are not covered under CMS or Medicaid replacement policies, Champus, charity, or self-pay accounts.**

In addition, Health Check will need a list of the Financial Codes/Payor Codes by facility. This may be provided as either a text or Excel file. As the facilities' payor lists change periodically, Health Check will need the most current lists for auditing.

Traditionally, Health Check begins with a retrospective review of accounts from the most recent two years. Following this initial review, we recommend that data be delivered on a regularly scheduled basis. The specific recommended schedule is **quarterly intervals with an annual re-run of data** for a comprehensive review.

System Access Requirements:

As indicated prior, Health Check also requires access to your system in order to confirm findings and assumptions during the review. Normally this involves setting up a secure virtual private network (VPN) with access provided to your patient financial systems. This allows Health Check to view patient demographic data, payments and adjustments, chronological patient stay information, and the ability to view and insert notes on accounts included in our audit. Additionally, if imaging systems exist for housing forms such as itemized bills, UB04's, explanations of benefits, explanations of review, medical records, payor contracts, etc., access to such systems will significantly expedite our work.

Security Notice:

Health Check Incorporated (HCI) ensures that your data security is maintained to the highest available industry standards. All downloads are structured to be received through a secure FTP (file transfer protocol) system, and are only uploaded by your own team members. This means that you maintain control of your records, with consistent security levels, throughout the entire process. As well, you dictate the security terms of all facility system access by HCI by granting us permissions that meet or exceed your own internal access policies. Finally, HCI uses only encrypted email communications to transmit any HIPAA-protected communications to your facility.

HIPAA Compliance Notice:

HCI maintains a comprehensive system to ensure compliance with applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our HIPAA Privacy Policy contains procedures addressing the protection, use and disclosure of protected health information (PHI), accounting of disclosures, access by individuals and third parties to PHI, protection of PHI by consultants, business associate agreements and training of employees.

Our Responsibilities as Required by Law are to maintain the privacy of PHI. We reserve the right to change our notice of privacy practices and will apply the change to your entire PHI, including information obtained prior to the change. We will post notice of any changes to our Privacy Policy on this website and make a hard copy available to you upon request. We will use or disclose your PHI only with your authorization except as described in this notice. HCI Incorporated follows the more stringent law in any circumstance where other state or federal law may further restrict the disclosure of your PHI.

The purpose is to implement policies and procedures to safeguard the facility and the equipment therein from unauthorized physical access, tampering, and theft. All medical records and other individually identifiable health information used or disclosed by a covered entity in any form, whether electronically, on paper, or orally, are covered by the final rule. The administrative simplification provisions of HIPAA relate to maintaining privacy and security of individually identifiable health information by prescribing how such information is to be shared, transferred, and stored.

Your dedicated Health Check IT contacts are as follows:

Data and Download Development:

John Kelly, Executive Director of Information Technology
(850) 648-1485 ext 106 or john.kelly@hcaudit.com

Systems Access & Security:

Niki Wyrosdick, Network Administrator
(800) 633-2055 ext 116 or niki.wyrosdick@hcaudit.com

We look forward to working with you and your staff.

Best regards,

John Kelly

Executive Director of Information Technology



Health Check Incorporated Data Specifications

Data File 1: Demographic Detail		
Data Name	Type / Length	Description
Patient Last Name	A 20	Patient Last Name (if hyphenated, include hyphen)
Patient First Name	A 20	Patient First Name (include middle Initial, if applicable)
Patient Account #	A 20	Unique Patient Account Number (include leading zeroes, if any)
Patient Date of Birth	N 08	MMDDYYYY (formatted or include leading zeroes for MM and DD)
Patient Gender	A 01	M (Male) or F (Female)
Patient Social Security #	N 09	Exclude dashes
Patient Admission Date	N 08	MMDDYYYY (formatted or include leading zeroes for MM and DD)
Patient Admission Time	A 25	Possibly put Date/Time in the Patient Admission Date field? Format change would be MMDDYYYY HH:MM:SS. This would change the data type field to A 25
Patient Discharge Date	N 08	MMDDYYYY (formatted or include leading zeroes for MM and DD)
Patient Discharge Time	A 25	Possibly put Date/Time in the Patient Discharge Date field? Format change would be MMDDYYYY HH:MM:SS. This would change the data type field to A 25
Patient Discharge Status	A 25	Ex: Home, Skilled Nursing Facility, etc.
Patient Discharge Status Number	A 25	Patient Discharge Status Number
Patient Type	A 10	Inpatient, Outpatient, etc.
Total Charges	N 08	Sum of Billed Charges
Patient Subscriber #	A 20	Insurance Member/Policy #
Primary Payor Code	A 10	Primary Payor Code at time of registration
Primary Payor Name	A 25	Primary Payor company name at time of registration
Primary Plan Type/Code	A 10	Primary Insurance plan type at time of registration
Primary Payor Phone Number	A 25	Primary Payor Phone Number
Secondary Payor Code	A 10	Secondary Payor Code (Payor of claim)
Secondary Payor Name	A 25	Secondary Payor company name (Payor of claim)
Secondary Plan Type/Code	A 10	Secondary insurance plan type
Total Primary Payor Payments	N 08	Sum of all primary Payor payments on the account (Format: 9999.99)
Total Secondary Payor Payments	N 08	Sum of all secondary Payor payments on the account (Format: 9999.99)
Total Patient Payments	N 08	Sum of all patient payments on the account (Format: 9999.99)
Total Insurance Payments	N 08	Sum of all payments from all Payors on the account (Format: 9999.99)
Total Insurance Adjustments	N 08	Sum of all insurance adjustments on the account (Format: 9999.99)
Total Patient/Other Adjustments	N 08	Sum of all patient/other adjustments on the account (Format: 9999.99)
First Insurance Payment Date	N 08	MMDDYYYY (formatted or include leading zeroes for MM and DD)
Last Insurance Payment Date	N 08	MMDDYYYY (formatted or include leading zeroes for MM and DD)
Patient Street	A 20	Patient Street
Patient City	A 20	Patient City
Patient County	A 20	Patient County
Patient State	A 02	Patient State
Patient Zip	N 09	Patient Zip (exclude dashes)
Admit DRG Code	N 03	Admit DRG (required if IP account)
Discharge DRG Code	N 03	Discharge DRG (or set to Admit DRG if same)
Employer Name	A 50	Employer Name
Employer Phone Number	A 25	Employer Phone Number
Employment Status	A 50	Retired, etc.
Guarantor Name	A 50	Guarantor Name
Guarantor SSN	A 09	Exclude dashes
Medical Record Number (MR#)	A 25	Medical Record Number (MR#)

Data File 2: Diagnosis Code Detail		
Patient Account #	A 20	Unique Patient Account Number (include leading zeroes, if any)
Diagnostic Code(s)	A 06	ICD-9 codes - include decimal (list consecutively & ranked as on UB-92)



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Data File 3: Procedure Code Detail

Patient Account #	A 20	Unique Patient Account Number (include leading zeroes, if any)
Procedure Code (s)	A 06	Procedure Code (s) - Include decimal (list consecutively & ranked as on UB-92)
Procedure Code(s) Date(s)	A 10	MMDDYYYY - (formatted or include leading zeroes for MM and DD) (list consecutively)

Data File 4: CPT / HCPC Code Detail

Patient Account #	A 20	Unique Patient Account Number (include leading zeroes, if any)
CPT/HCPC Code(s) and Modifier	A 07	CPT / HCPC Code(s) to include Medi-Cal specific CPT / HCPC Code(s) w/ Modifier - include decimal (list consecutively & ranked as on UB-92)
CPT/HCPC Code(s) Units	N 04	Total Units for each CPT / HCPC Code, if applicable (list consecutively)
CPT/HCPC Code(s) Amounts	N 08	Total Amount for each CPT / HCPC Code, if applicable (list consecutively) (Format: 9999.99)
CPT/HCPC Code(s) Date(s)	A 10	MMDDYYYY - (formatted or include leading zeroes for MM and DD) (list consecutively)

Data File 5: Charge Detail

Patient Account #	A 20	Unique Patient Account Number (include leading zeroes, if any)
Revenue Code(s)	N 04	Uniform Bill (UB) Revenue Code(s) - list consecutively
Revenue Code(s) Units	N 04	Total units for each unique revenue code (size may vary by facility)
Revenue Code(s) Total Charges/Cost	N 08	Total charges or cost for each unique Revenue Code - not per unit charge (size may vary by facility) (Format: 9999.99)

Types: A = Alphanumeric N = Numeric

All fields must be delimited by <TAB> or <COMMA> or <SEMICOLON>

Currency fields must include decimals but must NOT include commas (e.g. 99999.99)

