

# John Bel Edwards

## GOVERNOR

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## SECRETARY

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### State of Louisiana

Louisiana Department of Health

Bureau of Health Services Financing

December 7, 2016

RE: Louisiana Department of Health Request for Hospital Uninsured Utilization Encounter Data

Dear Hospital Administrators:

The Louisiana Department of Health (LDH) seeks to develop a detailed understanding of the utilization of hospital services by the Medicaid and uninsured populations in the state. LDH has the necessary data for the Medicaid population. LDH is requesting all Louisiana hospitals to the extent possible provide utilization data specific to service use by individuals with no third party coverage.

LDH and its contractors, Mercer Government Human Services Consulting (Mercer) and Burns & Associates (B&A), will use existing Medicaid claims data and the uninsured utilization encounter data submitted by hospitals to examine utilization trends, changes in service mix, reimbursement rates, and cost coverage. The findings will inform consideration of future hospital payment methods through a public process which will guide public policy decision making.

The current data request is for all uninsured inpatient hospital and outpatient hospital services utilization from your entity with end-date-of-service between July 1, 2013 and June 30, 2016 for patients with no third party coverage at the time of service and/or where no third party has been billed for the service as of October 31, 2016. The data should be submitted directly to Mercer. Production files are due by **December 30, 2016**. This letter outlines the submission instructions.

All correspondence on this project, including submitted questions, should be submitted via email directly to Mark Podrazik at B&A, at [mpodrazik@burnshealthpolicy.com](mailto:mpodrazik@burnshealthpolicy.com). B&A will work with LDH to answer all questions. In the event that multiple hospitals ask similar questions, a Q&A document will be developed and sent out to all hospital representatives.

## Data Request Overview

Hospitals are asked to submit their data in two linked files – **Header (HDR) and Detail (DTL) files** – following the file layouts provided in the first and second tabs of **Attachment A**. The header file should contain one unique record for each uninsured inpatient and outpatient encounter. The detail file should contain at least one record for each encounter identified in the header file, and is intended to link to the header file using a unique encounter identifier (e.g., Hospital Internal Control Number or ICN). Attachment A specifies the data elements to include in each of these two tables, the order of the data elements, and the required format. Specific data column headings and data type along with descriptions of the data elements is provided within the layout.

Hospitals are advised to review the **Checklist** that appears in the third tab of Attachment A prior to submitting files. The checklist reflects key aspects of the data request specification that may be overlooked in submissions of this type. If there are technical or other substantive issues that the hospital wishes to communicate as part of its submission related to any items on the checklist, there is an opportunity to type in a comment in the grey space below the checklist item. Please ensure that this tab is submitted with any data to Mercer, even if it is only the checkbox at the top indicating that there are no specific comments that need to be made with delivery of the files.

Finally, hospitals must complete the **Certification** that appears in the fourth tab of Attachment A to attest to the accuracy of the data submitted. Please ensure that this tab is completed, signed, scanned and submitted with any data to Mercer.

## Uninsured Utilization Encounter Definition

Hospitals should provide records for all uninsured utilization encounters for end-date-of-service from July 1, 2013 through June 30, 2016 processed or adjusted by the hospital by October 31, 2016. For purposes of this submission, uninsured utilization encounter claims should include all encounters (paid or write-offs) for services delivered to patients with no third party coverage at the time of service and/or where no third party has been billed for the service as of October 31, 2016.

Hospitals should include the final version of uninsured service encounters. Final version is defined as:

1. An original claim that has never been adjusted.
2. The last adjustment of a claim as of October 31, 2016.

## Utilization Encounter Data Coding Instructions

Each utilization encounter should be reflected as one header record and at least one detail service line record. Hospitals should verify that each header record submitted has at least one detail line, and each detail record has one, and only one, header record. Where applicable, data elements should be mapped to national standard code sets (i.e., CPT/HCPCS and no local codes unless they are LDH local codes). If no national standard exists and LDH values are applicable, please use LDH values. With regards to numerical fields (dollars and units), please include decimals where applicable and avoid transmission of embedded symbols (i.e. $, commas or packed fields). Please make sure that all diagnosis codes and ICD-9 surgical procedure codes contain decimals in the appropriate positions.

## File Format Requirements

All data should be submitted as pipe delimited (”|”) ASCII text files according to the specified layout for each file. Each file should also contain a header row containing all of the Field Names (see Attachment A for appropriate field names).

If there is no value or it is missing in numerical fields, please populate the field with a zero. If a field is left blank (null) in the submission dataset, the record should contain two consecutive pipes (”||”).

The file name should contain the following components separated by a hyphen: Medicaid Provider ID, File type (HDR or DTL), Record Type (IP or OP), File Sequence Number (if more than one file of the same type is required), and Date the file was submitted (MMDDYY). To illustrate the naming convention, a file named “1700777-HDR-OP-01-123016” indicates a file from Hospital ABC with a Medicaid ID of 1700777, header outpatient claims, the first file in the series, and submitted on December 30, 2016. If it is more convenient for hospitals to submit more than one detail inpatient or outpatient file, for example, use the numbering sequence in the series to indicate, for example, OP-01, OP-02, OP-03, etc.

Each file should be submitted with information on control totals with the count of records in the file and a sum of the charges in the file. This information is recorded on the Certification Form (see below).

## Data Submission Instructions

Data files should be submitted on the Connect site provided by Mercer. To gain access to the site, email Jana Burge ([Jana.Burge@mercer.com](mailto:Jana.Burge@mercer.com)).

Each file should be zipped and encrypted with 256-bit encryption before being placed on the Connect site. Hospitals should email the contacts indicated below when a file has been placed on the site. Please include in this email the password required to open the file.

The following items are being requested in your submission:

* The Certification Form
* The Checklist Form
* As many data files as you deem necessary

The**Certification Form** should be scanned and placed on the Connect site with a follow-up of the original signed certification form (Appendix A tab 4) mailed to:

LaShawn Junius

Louisiana Department of Health

Bureau of Health Services Financing

P.O. Box 91030, Bin #24

Baton Rouge, LA 70821-9030

If the hospital would like additional staff copied on all correspondence related to this process, the hospital should send an email to [mpodrazik@burnshealthpolicy.com](mailto:mpodrazik@burnshealthpolicy.com) with the list of individuals and their email addresses.

Sincerely,

Jen Steele

Medicaid Director

Cc: Rebekah E. Gee

Jeff Reynolds

Jay Dardenne

Enclosure