Data Coordinator Manual

About COMPdata and Data Submission Services	COMPdata is a product of the Illinois Health and Hospital Association. COMPdata is the designated agent for the Illinois Department of Public Health (IDPH) to collect IL licensed Hospitals and ASTCs (IP/OP data) and Nurse Staffing hours according to the Hospital Report Card Act
	In addition, COMPdata provides data collection services for the Montana Hospital Association (MHA)
	COMPdata provides data processing services for the collection of inpatients, swing bed, outpatient surgical, Emergency Department, observation care, imaging, diagnostic discharge claims data on behalf of State Associations and Departments of Public Health as per the state or association 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 customers in meeting these criteria.

	Understanding Data Uses:
	Your State Association or Department of Public Health receives a data release on a quarterly basis:
	• COMPdata provides a database for reporting facilities to do their own data analysis.
	  ○ Planning departments analysis.
	  ○ Support expansion of services and technology.
	• State and Federal Governmental Agencies.
	• Certificate of Need (CON) Review.
	• Advocacy with State Legislature.
	• Assist community health needs assessment.

COMPdata Website Overview	The website provides the following information:
	
	• Analytic Tool Services – Analytic Tool Login
	  ○ Analytic Services for New Users
	  ○ Guided Analytics
	  ○ Training
	  ○ Update My Account Information.
	• Data Submission
	  ○ Data Login
	  ○ Nurse Staff Reporting Information and Login
	  ○ New Data Coordinators Information
	  ○ Training
	• About Us
	• Nurse Staff Reporting
	  ○ User login
	  ○ About the laws
	  ○ Reporting system training
	  ○ All key publications

HIPAA Compliance	HIPAA compliance: • COMPdata Data Submission Service contains PHI information and strictly adheres to Industry standard HIPAA compliance policy. Proper Handling of Private Health Information (PHI): • It is against HIPAA policy to include any identifiable patient information in email communications to COMPdata without a secure mail system. • COMPdata support staff has access to your account and can discuss any PHI related issues by calling our support line.
System Access User Types	Primary Account Manager: • Each facility requires a designated 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 process notifications. • Notify COMPdata of staff changes e.g., separation of employment or changes in duties to deactivate access. Secondary Account Manager: • Backup to Primary Vendor Access: • Facility authorized vendors as data submitter

Submission Guideline	Data Coordinators oversee and or complete the quarterly submission process outlined in this manual and state guidelines:
	• Illinois: IL Mandates
	• Montana Hospital Association Guidelines: MT Guidelines
	Entering the monthly discharge volume is so important:
	• Illinois Department of Public Health (IDPH) and Montana Hospital Association receive Data Submission Summary Reports to review compliance levels at 30, 15, 7 days and the final closed data report.
	Required/mandated actions to meet minimum compliance level:

	• Quarterly submission by deadlines
	• Complete your manual data entry of monthly discharge volume within the Data Submission System on Main Menu View Status Screen
	• Compliance level requirements are:
	     ○ Illinois Hospitals and ASTCs = 98 – 100%
	     ○ Montana Hospitals = 90% -- 100%
	• Failure to enter case counts generates a 0% reporting level and this is sent to IDPH and Montana Hospital Association.
	• Monitor percentage levels on Data Submission Summary View Status Screen or Data Submission Verification Report (DSVR) – displays compliance percentage per month per quarter.
	• Monitor quality of data elements submitted on the Data Quality Summary Report (DQSR) which is found on the Download Report Section of the system.

	IL - IDPH Required Affirmation Statement (Attestation Form):
	• The State of Illinois Final Rules stipulate 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 form:
	     ○ Hospital Attestation Form
	     ○ ASTC Attestation Form

	Note: You will be submitting this form directly to IDPH. COMPdata is unable to confirm receipt

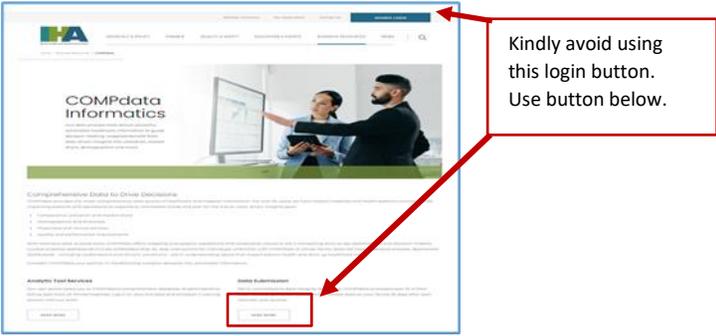| **Required Data Elements and Format**	Specific State Flat file formats:
	• **Illinois**
	o Hospitals: IL Data Element list/COMPdata Flat File Format
	o ASC: IL ASC Data Element/COMPdata Flat File Format
	o Illinois Revenue Code List: IL Outpatient Category Reference Sheet
	• **Montana:**
	o Hospital: MT Data Element List/COMPdata's Flat File Format
	o Montana Revenue Code List: MT Rev Code Category List
	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 to your State.
	Note: COMPdata is unable to provide sample files for 5010 file layout or program guides.
	Edit Error Code Reference Sheet provide the following:
	• Reporting guidelines follow UB-04, CMS edits and State Reporting requirements.
	• List of error codes applicable by state
	• Provides definitions of each fatal edit with cross walk informational codes, and warnings of potential quality issues
	• Use this reference during initial startup for file creation and claims reconciliation of rejected claims or quality data improvements after each submission

COMPdata Website	[COMPdata Website](#) Kindly avoid using this login button. Use button below.
Login Screen	Please enter the login information provided in your welcome packet in the login screen:
Password Guidelines	• Passwords must be a minimum of 12 characters long and contain 3 upper-case letters, lower case letters, number, or a specific character (! #, $, or @). The password cannot contain any 3 consecutive characters that are also in the username. • Passwords expire every 90 days. • An automatic email is sent to user accounts 10 days prior to password expiration. • IDs and passwords are to remain confidential to the assigned user. • Each user submitting data should have their own ID
Main Menu Overview 	**Upload data**: • Data coordinator will submit files (batch) via this screen. **View Status Screen**: • 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**: • Make online manual corrections for failed accounts. **AdHoc Report**: • Create data loaded reports or error AdHoc reports in excel format. **Change Password**: • Manage and change your password. **Resources**: • Go to COMPdatainfo.com for all data submission resources go to → TOOLS AND TIPS

Submission Reports Overview

| Report Name	Main Menu Location	Purpose

Batch Log	View Status Screen
	• Lower half Screen called Data Submission Status
	• List Batch ID – left side.
	• Each batch ID is an active link to the batch log
		Review contents by:
		• Batch Details
		• Bill type Received.
		• Records not loaded.
		• Counts of:
		  ○ Accepted error free data by month
		  ○ Records loaded/not loaded
		  ○ Who uploaded the data

DSVR/DQSR	Download Reports Screen	Overview displaying the volumes and trends of the data submitted by type (IP/ OS) and data elements: **DSVR** displays: • Quarterly totals and percentage of data accepted. **DQSR** displays: • Counts of all data elements by major category • Detailed distribution within each category • Carefully review for quality and irregularities of submitted data.
Edit Error Report	Download Reports Screen	Use this report to reconciliate your errors by identifying and displaying errors of the data submitted: • Rejected claims. • Error number • F/W • Error message • Error Count • Error Percentage Rate
On Demand Reports (AdHoc Reports)		
Submitted Data - Selection Criteria	Download Reports Screen	• List of all error-free patient cases accepted. • Useful for managing particularly difficult reconciliation issues. • Compared to cases in your internal system vs submission to determine missing or duplicate cases
Warning/Error files - Selection Criteria	Download Reports Screen	• List all errors and warnings summarized with error reference 4-digit code. • Can run specific error or warning codes. • Aid in reconciliation of errors.

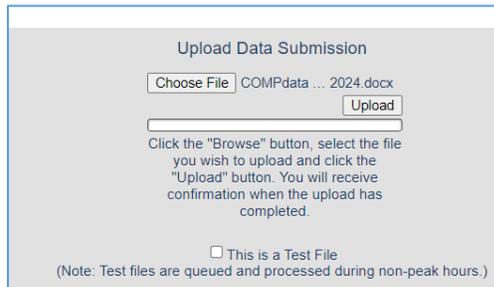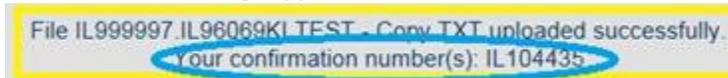| **Submit a file (step by step)**	1. Click on "**Upload Data**" on Main Menu
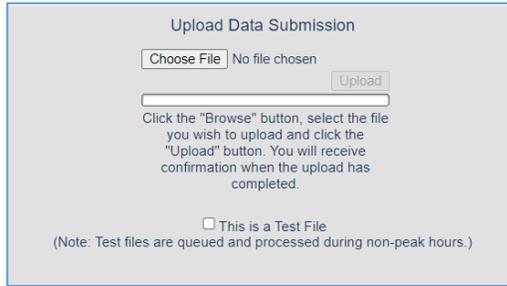
2. Click on "Choose File"
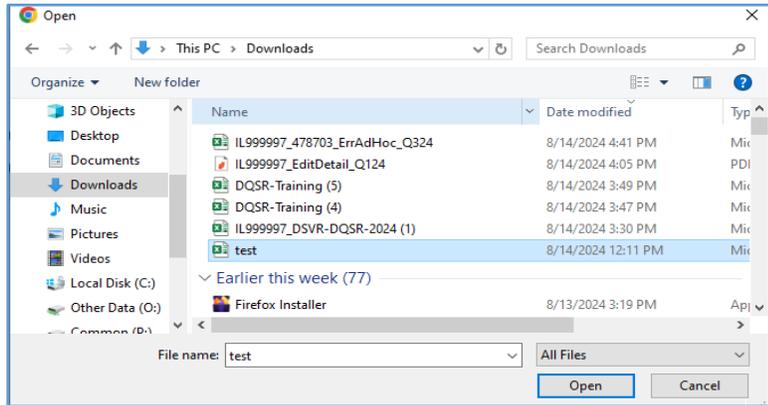
3. Follow pop up window.
   - Left hand side of the window, locate, and click on the drive where the files are located.
   - Double click on the folder on the right to view the content.
   - The file is viewable in the file name box.
   - Click on "Open"

   - Click on "Upload"
   - A confirmation message appears at the bottom of the screen.

   File IL999997.IL96069KI_TEST - Copy.TXT uploaded successfully. Your confirmation number(s): IL104435

   - Shows file name uploaded successfully with Confirmation number referring to the Batch ID e.g., IL104435 on submission logs and status screens.
   - Zipped files each receive their own Batch ID as shown below:

   File IL999997.IL97983outpatient.zip uploaded successfully. Your confirmation number(s): IL104451 IL104452 IL104453

   - "Print Screen" for your tracking purposes.

View Status Screen Overview	**View Status** → Data Submission Summary
	
	After submitting a file, the "accepted" numbers will fill in automatically. You will need to input the "reported" numbers from your internal system (how many discharges your facility says they had for the respective month). Once you input your "reported" numbers, the system will automatically calculate the "% accepted." Review the % so you comply with the State or Association requirements.
	
	1. Select your facility with the dropdown.
	2. Enter counts under the respective months.
	   • For each patient type IP, ED, OS, OC, and IM case (See Section -- Outpatient Services Definitions)
	   • When entered, the system will automatically calculate compliance level %
	3. You must click on the "save" button to keep your data entries or changes.
	4. Open quarters are white and allow you to type directly into the boxes.
	5. 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.

Submission Count Requirements	Facilities must report a Monthly Case Count for each inpatient case and outpatient service category as required by the State or Association. **Inpatient: Numeric** count of claims and/or encounter data pertaining to each impatient discharged by month. **Outpatient Surgery (OS)**: Numeric count of outpatient cases for ambulatory surgical procedures, emergency department (ED), observation care (OC), and imaging (IM) per the Outpatient Revenue Hierarchy Counting Method. (Defined below) **Illinois:** • Counts are due 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.

Outpatient Services Definitions	Data Coordinators must enter separate monthly counts on data submission entry screen for each of the following outpatient services: **Inpatient: Numeric** count of claims or encounter data pertaining to each inpatient discharge for all cases **Outpatient Categories**: IL Rev Code Category List / MT Rev Code Category List **Outpatient Surgery (OS):** means specific procedures performed on an outpatient basis in a hospital or licensed ambulatory surgical treatment center. Specific ranges of required procedure codes can be found in the Department's data submission manual. "Surgery" means treatment of diseases or injuries by manual and/or instrumental methods. The methods may include invasive, minimally invasive, or non-invasive procedures, depending on the condition treated and the nature of the instruments and technology used. **Observation Care (OC)** means services furnished to a person by a hospital on the hospital's premises, including use of a bed and at least periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or to determine the need for a possible admission to the hospital as an inpatient. In general, the duration of observation care services is less than 24 hours, although, in some circumstances, patients may require a second day. **Emergency Department (ED)** means the location within hospitals where persons receive initial treatment by health care professionals for conditions of an immediate nature caused by injury or illness. The person treated may or may not be admitted to the hospital as an inpatient. Services furnished to an individual who has an emergency medical condition are defined in 42 CFR 424.101. **Imaging (IM)** means the technique and process used to create images of the human body or its parts or functions for clinical purposes seeking to reveal, diagnose or examine disease or injury.
Outpatient Revenue Hierarchy Counting Method	Data Coordinators must report a Monthly Case Count (numeric figure) for each inpatient case and outpatient service category, which represents the patient volume for those services provided for any given month. When counting your outpatient case: • Each outpatient case is counted ONLY ONCE • Apply revenue code counting hierarchy to each outpatient case. • The revenue code hierarchy table is below. When counting Outpatient use the numeric order listed below: 1. Outpatient Surgical (OS) cases take precedence, regardless of whether they include ED, OC, or IM services. 2. Outpatient Observation Care (OC) records are secondary, regardless of if they contain Emergency Department (ED) or Imaging (IM) 3. Emergency Department (ED) or Imaging (IM) records are tertiary, if they do not have OS or OC services 4. Imaging (IM) records that contain no OS, OC, or ED are counted as Imaging Services ONLY

		Revenue Code	Hierarchy Counting			
Revenue Code Category Table		**Category**	**OS**	**OC**	**ED**	**IM**
		OS	X			
		OS & OC	X			
		OS & ED	X			
		OS & IM	X			
		OS & OC & ED & IM	X			
		OC		X		
		OC & ED		X		
		OC & IM		X		
		OC & ED & IM		X		
		ED			X	
		ED & IM			X	
		IM				X

Batch ID - File Submission

Batch ID is a number assigned to all files uploads submitted to the COMPdata system. Refer to the files Batch ID when requesting assistance with your file submissions and reviewing submission results.

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

Submissions must be:
- Appropriate format for the type of file being used.
- Can be transferred in the ASCII format.
- Files can be no larger than 50MB.
- Zips files before uploading.
- <u>Do not</u> send an entire directory

Data Submission Status

After submitting the file go to: [View Status] → Data Submission Status (bottom screen)
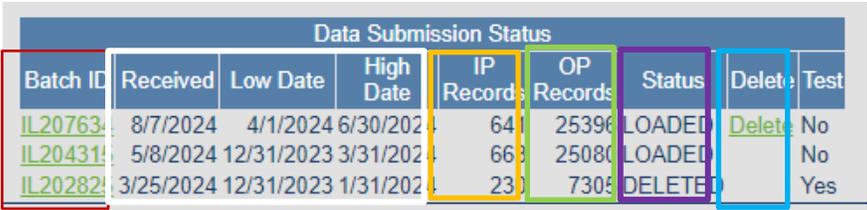
Batch ID	Received	Low Date	High Date	IP Records	OP Records	Status	Delete	Test
IL207634	8/7/2024	4/1/2024	6/30/202	64	25396	LOADED	Delete	No
IL204315	5/8/2024	12/31/2023	3/31/202	663	25080	LOADED		No
IL202825	3/25/2024	12/31/2023	1/31/202	23	7305	DELETED		Yes

1. Batch ID is an active link to the batch log.
2. Dates will show received and beginning and end date of cases included in file.
3. IP Records are the number of inpatient records submitted on file.
4. OP Records are the number of outpatient records submitted on file.
5. Status shows your submission has been processed and loaded.
6. Delete used to delete batch submission.
   <u>Important Note:</u> Use only when you want to delete the **entire** batch submitted.
7. The test will indicate if batch file is a test file with yes or no.

Batch ID Link (Green Area Above IL207634):

- Tracking number assigned to each file upload.

- Click on the Batch ID link to see the confirmation page.
- The confirmation page (below) will display a summary of the result of your data submission and print and/or save for your records.

Batch Details

Batch ID: IL207634
Original Filename:
Date Submitted: 8/7/2024
Facility: IL000214
Submitted by: tleclere@ksbhospital.com
Date Range: 4/1/2024 6/30/2024
Processed on: 8/7/2024
Deleted on:
Deleted by:
Status: LOADED
Record Format: 5010

Bill Types Received
111   641
131   25396

Inpatient Discharges: 641
Outpatient Discharges: 25396
xx7 Updated: 0
xx8 Deleted: 0

Records not loaded
Closed Quarter/Invalid Discharge Dates: 0
Invalid Hospital IDs: 0
Invalid Bill Types: 0
Invalid Record Lengths: 0
Duplicate Records: 0
xx7 No Match: 0
xx8 No Match: 0

Records by Month
2024-04   8949
2024-05   9055
2024-06   8033

Deleting 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 screen and shows as deleted as below:
	
	To delete a complete batch/file:
	
	• Click on "Delete" link.
	• The following pop-up message will display.
	
	     ○ Click on "OK" to delete the Batch File
	     ○ Click on "Cancel" to cancel your request to delete the Batch File
	• You can submit a new or updated original file to Upload Data Screen.

Data Submission Status

Batch ID	Received	Low Date	High Date	IP Records	OP Records	Status	Delete	Test
IL207634	8/7/2024	4/1/2024	6/30/2024	641	25396	LOADED		No
IL204315	5/8/2024	12/31/2023	3/31/2024	663	25080	LOADED		No
IL202825	3/25/2024	12/31/2023	1/31/2024	230	7305	DELETED		Yes

Message from webpage

Delete batch IL1102?

OK   Cancel

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

The COMPdata system follows the same process that is used by Medicare claims to request replacements and deletions (CMS Manual System – Section: Claim Change Reason Codes). This termed the "XX7" and "XX8" Processes.

<u>XX7</u>: Update or adjustment request by using bill type XX7

• Make the necessary changes to fields.
• Change the Bill Type on the case using 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.

<u>XX8</u>: 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 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. |
| **Test File Submission** | Upload Data Submission

Choose File No file chosen

Upload

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.)

When 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.
• Your test file is processed, and the file will automatically be 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.
   o 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:
   o Process in production
   o 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 |

Download Reports **Feedback Reports**	 With each submission of data, each individual facility will receive a set of Feedback Reports as follows: • Edit Detail • DSVR/DQSR 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 on your computer.
Edit Detail Report	**Edit Detail Reports will provide:** • Inpatient or Outpatient Error Summary Report – Recap all errors. • Inpatient or Outpatient Error Detail Report – Detail of all edits or errors. • Error information about any record. Both Inpatient and Oupatient Error Summary Report displays the following details: • Hospital Name • Inpatient and Outpatient Error Detail Report • Discharge period summary • Error Counts • Error Percentage Rate Key field information so you can easily identify and correct records submitted ensuring the final data will be accurate and maintain the integrity of the database: • Patient # • Med Rec • Birth Date • Bill Type • Discharge Date • Admit Date • Attending physician • Category: IP, OS, or OP With additional detail per each patient record: • Error number • Error Type = Failure (F) / Warning (W) / Informational (I) • Field Value • Error message **How to use this report:** • Reconcile your errors by identifying and displaying errors of the data submitted. • An email notification is sent when processing is completed and report is ready to review.

	- Review new reports after each submission:
	    o Generates and continuously updates each report.
	    o Corrected errors will drop off.
	    o Any new errors will be added.
	- Error Message indicator:
	    o Fatal (F) – errors need to be corrected to be accepted in the database.
	    o Warning (W) – errors need to be reviewed for accuracy and quality purposes.
	    o Informational (I) – informational codes provide direction in determining the data element that may be causing the fatal error.
	- Edit #101 - identifies duplicate patients using the same patient number
	    o e.g. initial pt #12345 --> 12345.**1**, 12345.**2**, and 12345.**3**.
	    o **.#** indicating how many times you have submitted the same patient number in the file.
	- File submissions with large number of errors will not produce a complete report.
	    o Report capacity is 300 pages on each Inpatient and Outpatient Error Report.
	- Reports will display in a PDF and can be saved and/or printed.

Data Submission Verification Report (DSVR)
 	
_____
 	
Data Quality Summary Report (DQSR)
	Data Submission Verification Report (DSVR) and Data Quality Summary Report (DQSR) are included in one Excel spreadsheet which displays overview of the volumes and trends of the data submitted by type (IP/OP) and data elements.
	
	- Data Submission Verification Report (DSVR)
	    o Indicates the volume of data submitted and accepted for inclusion in the COMPdata database.
	    o Quarterly totals and percentage of data accepted.
	- Data Quality Summary Report (DQSR) – provides a detailed breakdown of the data submission.
	    o Counts of all data elements by major category.
	    o Detailed distribution within each category.
	
	Carefully review for quality and irregularities of submitted data.

DSVR Overview	The DSVR provides a summary of the volume of data submitted and loaded into the database.
	
	- Used by the Data Coordinator to monitor and confirm the data being submitted to COMPdata.
	- Monitors the Percent Loaded to ensure that the facility is meeting its minimum compliance level.
	    o Illinois Hospitals and ASTCs = 98% -- 100%
	    o Montana Hospitals = 90% -- 100%
	- 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.
	
	Data Submission Summary Report (DSVR) categories displayed on the report are as follows:
	
	- Data Type – Designates data as inpatient or outpatient
	- Reporting period
	- Facility Name and ID #
	- Monthly/Quarterly Totals
	- Accepted and Reported Cases:
	    o Inpatient and swing bed

	o Outpatient surgery, observation care, emergency department, imaging, and outpatient combined total Calculations • <u>Accepted Inpatient/Outpatient Discharges</u> – The number of error-free discharges cases accepted and counted in the database. • <u>Reported Counts</u> – The monthly case count values you have keyed into the system, representing your actual qualifying patient volume for each month. • <u>% Accepted</u> – Number of discharged 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.
DSVR Example	**Inpatient** **Outpatient**
DQSR	The DQSR provides a summary of the volume of data submitted and loaded into the database. • Individual spreadsheets for Inpatient and Outpatient data • Counts of all data elements by major category • Detailed distribution within each category o 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. **How to use this report:** • This report allows the Data Coordinator to verify that the submitted values are an accurate representation of the facility's patient mix. • Carefully review for quality and irregularities of submitted data.

- 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 displays the information that is applicable for your state.

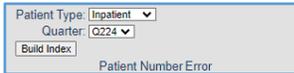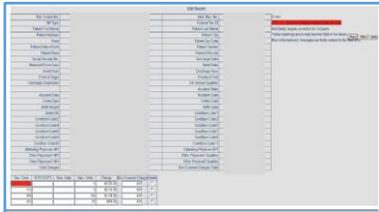|	
DQSR Example	**Inpatient**

Outpatient

AdHoc Report	**Submitted Data - Selection Criteria** AdHoc Report is an excel spreadsheet of error-free patient cases accepted into the Data Submission Database for the quarter selected for your facility.

  o List of all error-free patient cases accepted.
  o Useful for managing particularly difficult reconciliation issues.
  o Use to compare cases in your internal system vs your submission to determine missing or duplicate cases.

Warning/Error files - Selection Criteria AdHoc Report is an excel spreadsheet of error cases for the quarter selected for your facility

	A	B	C	D	E	F	G	H	I	J
	PATIENT_ID	BILL_TYPE	BIRTH_DATE	ADMISSION_DATE	DISCHARGE_DATE	GENDER	PT_DISCHARGE_STATUS	PATIENT_TYPE	ERROR_NUMBER	FIELD_VALUE

- o   List all <u>errors and warnings</u> summarized with error reference 4-digit code.
- o   You can run specific errors or warning codes.

This will aid you in reconciliation of errors.

Error Correction Step by Step Process	By following the Error Correction Step by Step Process, you can effectively reonconcile and correct any errors in your submission. • Retrieve Edit Detail Report on the Download Reports Screen. • Run AdHoc Report – Warning/Fatal Error Files – Selection Criteria. • Follow Error Correction Process Step by Step: Error Correction Step by Step Process • Use Error Code Reference Sheet to reconcile errors: Error Reference Sheet Use UBClaim Review Screen to correct individual cases as needed.
UB Claims Review	Review UBClaim Review Reference Sheet to learn in greater details, how to use the UB Claims Review Screen. • Click on UB Claims Review Button. • Click on "Build Index" Button. Patient Type: Inpatient Quarter: Q224 Build Index Patient Number Error • This will display a screen with ALL errors by Patient Number with the Error message. • Click on Patient Number link to view detailed claim screen. Review UB Claim processing: UB Claim Processing Time **Important Note:** Do not submit files while you have pending UB Claims Review corrections.
Duplicate/Potential Duplicate Report	This report allows you to identify claims that have been submitted across IP/OP types for an open quarter and are possibly a duplicate submission or should be combined into an IP claim. Patient IDs identified -- Status Indicators: • A = accepted error free for the quarter. • PF = claim has been rejected and can be found on the edit detail report. 1. Determine if claim should be included for the quarter. 2. Duplicates on inpatient and outpatient services should be reviewed to determine which claim should be removed by resubmitting the bill type XX8, e.g.,118 3. If the accepted claim (A) needs to be removed, complete the same steps above to delete the claim in the system. 4. If the fatal claim (PF) should not be included no further action is required.

	5. Correct the claims that received a fatal (PF) that should be loaded by making the corrections provided on the edit detail report and resubmit. The duplicate claim will be removed from edit detail report after corrected submission. Review your case counts by due date as duplicate claim reconciliation can affect counts and may need to be adjusted.

Duplicate Record & resolution	1. Claims that are rejected and do not process – COMPdata submission system records these as "Duplicate Records" in View Status - Batch Details, under Records not loaded
	• Happens when:
	    o The new claim matches a previously accepted claim in 7 key fields:
	        — Patient control #
	        — Patient type (IP/OP)
	        — Admission, discharge, and birth dates
	        — Discharge disposition
	        — Sex
	    o Previously accepted claim has no fatal errors
	    o Bill type on the new claim is not marked as a replacement (ends in 7)
	• To fix
	    o No action is needed if the new claim is a true duplicate
	    o If new claim is correct, hospital must resubmit it with a bill type that ends in 7
	
	2. Claims that are processed but given fatal error code 0101 and a ".X" at the end of the control # → * Example: original claim = 5498, new claim = 5498.1
	• Happens when:
	    o New claim has the same patient type (IP/OP) and patient control # as another claim
	    o At least 1 of these fields is different:
	        — Admission, discharge, or birth dates
	        — Discharge disposition
	        — Sex
	    o First claim has not been checked for errors yet (happens when both claims are in the same file, or two files uploaded around the same time)
	• To fix
	    o Generally, both claims show up as errors - delete the wrong one and the other will process during the next UB processing window
	
	3. Claims that are processed and accepted, but generate the potential duplicate report
	• Happens when
	    o The new claim has the same patient control number, but a different patient type (IP/OP) as a previously accepted claim
	    o COMPdata submission system stores IP and OP claims in different tables, so both are accepted and processed
	• To fix
	    o No action needed if both claims are correct
	    o If one is wrong, hospital must resubmit the claim with a void bill type (ends in 8)

Attestation Form Required for IDPH	Attestation form is located on the COMPdata Website → Data Submission Info Attestation form is a formal declaration of completeness and accuracy for the data you submitted. The form is signed by the Administrator of Facility or the Designee, lending credibility and accountability for data submitted for the quarter. • Required for Illinois Hospital and Ambulatory Surgical Centers. • Due 15 days after the final quarter close date. • Follow instructions on the form. • Send as email attachment to this address: DPH.DischDataAffirm@Illinois.gov ○ The body of the submitted email message should contain one of the words Affirmation, Affirm, Attestation or Attest (case is not important). The presence of one of these words and the attachment noted above are required for acceptance. Note: only one reply per day per sending address.
Contact Information	Customer Support Phone: 866-262-6222 Customer Service Email: customerservice@iha-team.org When sending inquiry please include: • Your Facility Name • Your Full Name • Your Phone # • City, State