North Carolina Healthcare Association

Financial Data File User Guide

Manual 2022

Proprietary Notice

Trademarks

Financial Transparency File Specifications

Header Record Layout

Description: First record in the data file that indicates the time period of the file and the facility in which the data is being submitted for.

Field	Length	Field Name	Data Type	Description
1	3	Record Type Identifier	char	Static Value of 'HDR'
2	1	File Identifier	num	Static Value of '1'
3	14	Provider Number	num	Facility specific identification number
4	10	Data Period Start Date	date	Start Date of financial information. MM/DD/YYYY format.
5	10	Data Period End Date	date	End Date of financial information. MM/DD/YYYY format.
6	1	Filler	char	Static Value 0.
7	1	Filler	char	Static Value 0.
8	1	Filler	char	Static Value 0.
9	1	Filler	char	Static Value 0.
10	1	Filler	char	Static Value 0.
11	1	Filler	char	Static Value 0.
12	1	Filler	char	Static Value 0.
13	1	Filler	char	Static Value 0.
14	1	Filler	char	Static Value 0.
15	1	Filler	char	Static Value 0.
16	1	Filler	char	Static Value 0.
17	1	Filler	char	Static Value 0.
18	1	Filler	char	Static Value 0.
19	1	Filler	char	Static Value 0.
20	1	Filler	char	Static Value 0.
21	1	Filler	char	Static Value 0.
22	1	Filler	char	Static Value 0.
23	1	Filler	char	Static Value 0.
24	1	Filler	char	Static Value 0.

Detail Record Layout

Description: Records in the data file that contain the financial information for each top imaging CPT procedure, top surgical CPT procedure, and top DRG.

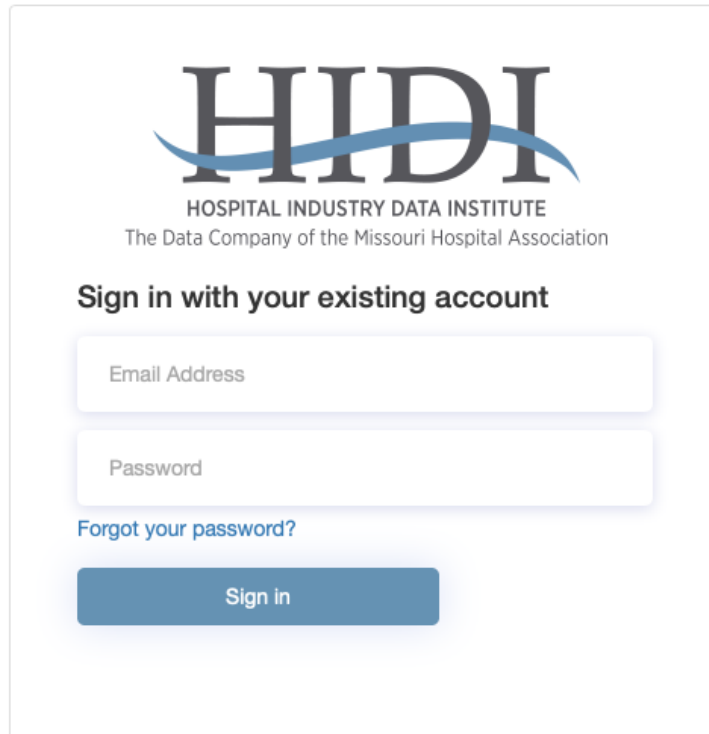| Field	Length	Field Name	Data Type	Description
1	3	Metric Type Identifier	char	Static Value of 'DRG', 'IPX', or 'SPX' indicating DRG, imaging procedure or surgical procedure.
2	5	Metric Code	char	DRG, IPX, or SPX code.
3	14	Average Gross Charges	num	Average gross charge for each DRG or procedure if all charges are paid in full without any portion paid by a public or private third party.
4	14	Negotiated Settlement	num	Average negotiated settlement on the amount that will be charged for each DRG or procedure. Hospitals are to calculate this using the average amount charged all patients eligible for the facility's financial assistance policy, including self-pay patients.
5	14	Medicaid Reimbursement	num	Amount of Medicaid reimbursement for each DRG or procedure - including all supplemental payments to and from the hospital.
6	14	Medicare Reimbursement	num	Amount of Medicare reimbursement for each DRG or procedure
7	14	Insurer 1 Lowest Payment	num	Lowest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
8	14	Insurer 1 Average Payment	num	Average amount of payment made for each DRG or procedure by the hospitals largest health insurers.
9	14	Insurer 1 Largest Payment	num	Largest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
10	14	Insurer 2 Lowest Payment	num	Lowest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
11	14	Insurer 2 Average Payment	num	Average amount of payment made for each DRG or procedure by the hospitals largest health insurers.
12	14	Insurer 2 Largest Payment	num	Largest amount of payment made for each DRG or procedure by the hospitals largest health insurers.

13	14	Insurer 3 Lowest Payment	num	Lowest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
14	14	Insurer 3 Average Payment	num	Average amount of payment made for each DRG or procedure by the hospitals largest health insurers.
15	14	Insurer 3 Largest Payment	num	Largest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
16	14	Insurer 4 Lowest Payment	num	Lowest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
17	14	Insurer 4 Average Payment	num	Average amount of payment made for each DRG or procedure by the hospitals largest health insurers.
18	14	Insurer 4 Largest Payment	num	Largest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
19	14	Insurer 5 Lowest Payment	num	Lowest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
20	14	Insurer 5 Average Payment	num	Average amount of payment made for each DRG or procedure by the hospitals largest health insurers.
21	14	Insurer 5 Largest Payment	num	Largest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
22	14	Filler	num	Default value of 0.
23	14	Filler	num	Default value of 0.
24	14	Filler	num	Default value of 0.

File Upload Steps

HIDI Net Website Sign On

HIDI Net is a web-based tool that is used for submitting data to HIDI. This is the same website that hospitals and ambulatory surgery centers use to upload their quarterly data file submission.
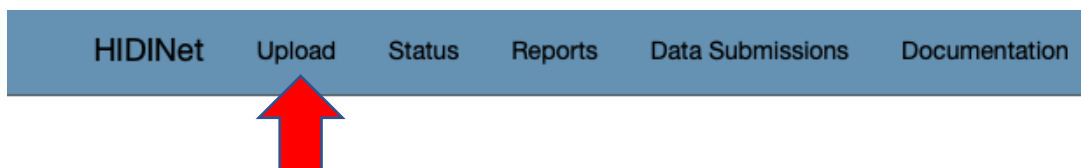
Login to the data submission website at https://www.hidionline.com/HIDINetV3/

File Upload

Navigate to the Upload tab at the top of the screen.

File Upload (Cont)

Select your facility (if applicable) and use the Choose File button to select your file. Click 'Upload.'

Upload Status

Once your file has been uploaded, you will receive a confirmation message that includes a submission ID number. Please make a note of this number for your records.

Upload of NCHA_TEST.txt for NC999999 was successful. Confirmation number:NC5109.
Your file has been placed in the job queue and you will be notified via email once it has been processed.

After a successful upload, your Transparency file will be listed in the Data Submissions tab with a Status of PENDING until after the due date when HIDI processes the files:

Submit Id	Date Received	Low Date	High Date	Status	IP Recs	OP Recs	Skipped	Overlayed	Test
NC5109	10/14/2020			PENDING	0	0	0	0	N

Appendix A

FFY 2021 Top 100 DRGs

DRG 1-25	DRG 26-50	DRG 51-75	DRG 75-100
795	853	287	854
807	190	246	391
177	682	178	394
885	640	331	833
871	792	439	455
794	309	286	202
291	64	786	791
788	812	785	314
806	292	460	191
470	208	870	552
392	57	951	432
872	481	310	66
897	330	790	832
189	280	918	811
65	308	175	699
378	101	768	305
638	689	312	390
690	805	329	776
787	621	389	560
683	207	881	789
603	917	483	100
193	637	522	948
247	377	281	418
641	698	176	882
793	194	639	847

FFY 2021 Top 20 Imaging Procedures (CPT) and Top 20 Surgical Procedures (CPT)

Imaging Procedure Codes 1-20	Surgical Procedure Codes 1-20
77067	45385
74177	66984
71046	45380
77080	43239
76642	45378
70553	43235
72148	43248
78452	43249
76705	64721
71250	43450
78815	29881
76770	66821
76536	29827
74018	66982
74176	69436
73721	66999
77386	26055
77412	29828
76700	41899
72100	30520

Appendix B

General Formatting Information

The Financial Data File is required to be submitted to HIDI annually (due on or before **January 15th** of each year) and should include a rolling year worth of data (i.e., Oct 1, YYYY through Sept 30, YYYY). The file should be created as a comma delimited file.

Each file must contain one header record and 140 detail records. The header record indicates the time period of the file and the facility in which the data is being submitted for. The 140 detail records represent the 100 top DRGs, 20 top imaging procedures, and 20 top surgical procedures. Any procedure that does not have associated financial data for your facility should have a record that contains the default value of 0 for each financial field.

Financial Fields

All financial fields in the detail layout (fields 3 – 21) should be formatted without commas, decimals, or negative signs. The financial fields should be whole numbers only with the default value of 0. Both values $100.01 and $100.00 should be entered into the field with a value of 100.
Example: $100.01 $\Rightarrow$ 100 $100.00 $\Rightarrow$ 100

Top Insurers

Each facility shall determine its five largest health insurers based on the dollar volume of payments received from those insurers. That information is to be used to calculate the lowest, average, and highest amount of payments in fields 7-21.

DRG and Procedure Codes

No leading zeros should be submitted for DRG or procedure codes.