

# North Carolina Healthcare Association

## Financial Data File User Guide

Manual 2025

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# 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 for all patients eligible for the facility's financial assistance policy, including self-pay patients.
5	14	Medicaid Reimbursement	num	Average amount of Medicaid reimbursement for each DRG or procedure - including all supplemental payments to and from the hospital.
6	14	Medicare Reimbursement	num	Average 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.

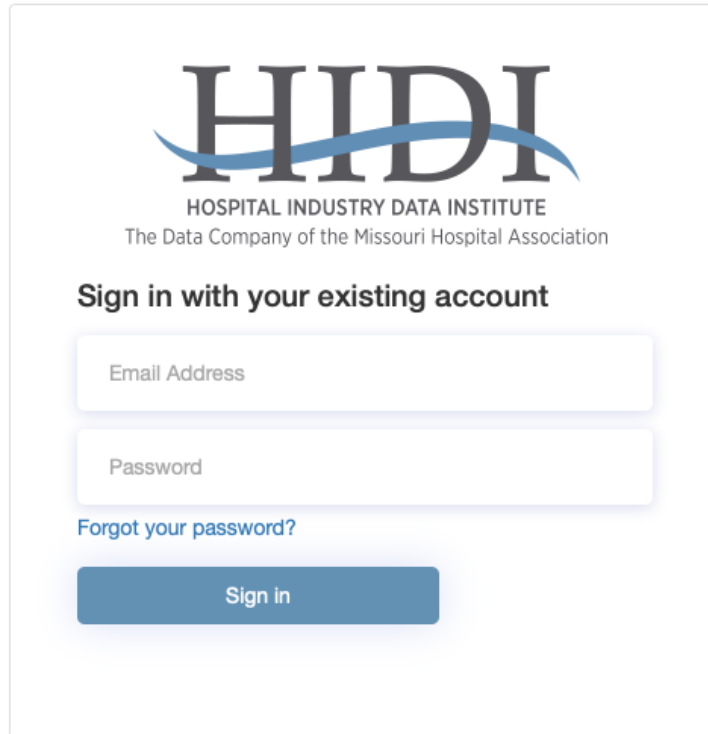
13	14	Insurer 3 Lowest Payment	num	Lowest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
14	14	Insurer 3 Average Payment	num	Average amount of payment made for each DRG or procedure by the hospitals largest health insurers.
15	14	Insurer 3 Largest Payment	num	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.

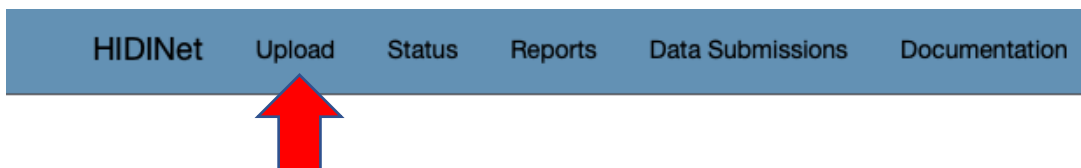
Login to the data submission website at <https://www.hidionline.com/HIDINetV3/>



The screenshot shows the HIDI Net sign-in page. At the top is the HIDI logo, which consists of the letters 'HIDI' in a bold, serif font with a blue swoosh underneath. Below the logo is the text 'HOSPITAL INDUSTRY DATA INSTITUTE' and 'The Data Company of the Missouri Hospital Association'. The main heading is 'Sign in with your existing account'. Below this are two input fields: 'Email Address' and 'Password'. There is a link for 'Forgot your password?' and a blue 'Sign in' button.

## 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

**Select a Facility**



**Choose a file**

 Choose File no file selected

**Upload**

NC File specifications:

- Send the HIDI400 File layout
- Files over 50 MB should be zipped with Winzip before uploading
- Do not encrypt ZIP files.

## 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:

HIDINet	Upload	Status	Reports	Data Submissions	Documentation	Association			
<h2>Data Submissions</h2>									
<b>Select Facility</b>									
NC999999 - NCHA Test Facility, Charlotte, NC									
Submit Id	Date Received	Low Date	High Date	Status	IP Recs	OP Recs	Skipped	Overlaid	Test
NC5109	10/14/2020			PENDING	0	0	0	0	N

# Appendix A

## 2025 Top 100 DRGs

DRG 1-25	DRG 26-50	DRG 51-75	DRG 75-100
25	286	470	790
57	287	481	791
64	291	522	792
65	305	552	793
66	308	560	794
100	309	603	795
101	310	621	805
175	312	637	806
176	314	638	807
177	329	639	811
178	330	640	812
189	331	641	832
190	377	682	833
191	378	683	853
193	389	689	854
194	390	690	870
202	391	698	871
203	392	699	872
208	394	768	882
246	418	776	885
247	432	785	897
267	439	786	917
274	454	787	918
280	455	788	948
281	460	789	951



2025 Top 20 Imaging Procedures (CPT) and Top 20 Surgical Procedures (CPT)

<b>Imaging Procedure Codes 1-20</b>	<b>Surgical Procedure Codes 1-20</b>
70551	26055
70553	27447
71046	29827
71250	29881
71271	42820
72148	42830
73721	43235
74018	43239
74176	43248
74177	43249
74183	43450
76536	45378
76642	45380
76705	45385
76770	64721
77067	66821
77080	66982
77386	66984
78452	66999
78815	69436

# Appendix A

## General Formatting Information

The Financial Data File is required to be submitted to HIDI annually (due on or before **January 15<sup>th</sup>** of each year) and should include a rolling year's 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 ⇒ 100 \$100.00 ⇒ 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.