

North Carolina Healthcare Association

Financial Data File User Guide

Manual 2026

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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.

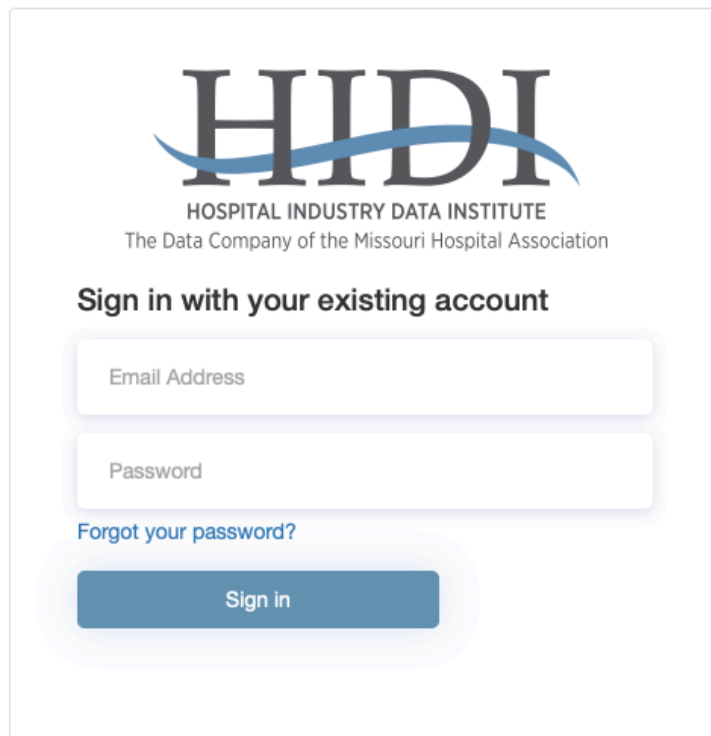
13	14	Insurer 3 Lowest Payment	num	Lowest amount of payment made for each DRG or procedure by the hospitals largest health insurers.
14	14	Insurer 3 Average Payment	num	Average amount of payment made for each DRG or procedure by the hospitals largest health insurers.
15	14	Insurer 3 Largest Payment	num	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 image shows the login interface for HIDI Net. At the top is the HIDI logo, which consists of the letters 'HIDI' in a large, bold, serif font, with a blue swoosh underline. Below the logo, the text 'HOSPITAL INDUSTRY DATA INSTITUTE' is written in a smaller, sans-serif font, followed by 'The Data Company of the Missouri Hospital Association' in an even smaller font. Below this is the heading 'Sign in with your existing account'. There are two input fields: 'Email Address' and 'Password'. Below the password field is a link that says 'Forgot your password?'. At the bottom is a blue button with the text 'Sign in'.

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

Data Submissions

Select Facility

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

2026 Top 100 DRGs

DRG 1-25	DRG 26-50	DRG 51-75	DRG 75-100
57	305	481	789
64	308	522	790
65	309	552	791
66	310	560	792
92	312	603	793
100	314	617	794
101	321	621	795
175	322	637	805
176	329	638	806
177	330	639	807
178	331	640	811
189	377	641	812
190	378	660	832
191	389	682	833
193	390	683	853
194	391	689	854
202	392	690	870
203	394	698	871
208	418	699	872
274	419	768	885
280	432	776	897
281	439	785	917
286	455	786	918
287	460	787	948
291	470	788	951

2026 Top 20 Imaging Procedures (CPT) and Top 20 Surgical Procedures (CPT)

Imaging Procedure Codes 1-20	Surgical Procedure Codes 1-20
70553	27130
71046	27447
71250	29827
71271	29881
72100	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 15th** 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 comma-delimited.

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.