Q&A - Urban Files Submission Training Session 1

<u>Note: A local site clinical subject matter expert (SME) should be familiar with local state laws and the SME should be consulted for any data entry questions.</u>

1. **Data is being pulled from RPMS and submitted on their behalf automatically. Have not received data since September 2021.**

   If you are an RPMS site and are not seeing data in the reports you receive, there could be a link broken. If there is a link broken, create a ticket using the Service Now (SNOW) portal requesting RPMS review the sites configuration. If you are a non-RPMS site and should be sending data, a discussion should be had during regular office hours to determine why the data is not being received or reach out to the vendor for additional assistance.

2. **How do you get access to the data mart or other reporting systems?**

   If you are within the IHS D1 network, all access is given through SailPoint SNOW tickets, submit a ticket for data access. If outside the D1 network and need another avenue, submit a help desk ticket to determine if access can be granted to a particular data mart by completing additional paperwork.

3. **The settings being covered, clinic code and business rules, are RMPS settings, and commercial office shelf systems are structured differently. Helpful to troubleshoot when sending data that is not recognized.**

   Every site should be using the standard code book for codes (clinic code, primary provider code, etc.). There are no vender specific guides that NPIRS's creates. The NPIRS basic business rules and Standard Code Book are for all data received, whether it is RPMS or non-RPMS. It is how we evaluate the data we receive on a site's visit or registration records.

4. **Why would IHS not consider telehealth visits workload reportable? They are billable and standard industry services.**

   The direction received from the Chief Medical Officer and the Chief Health Information Officer was to make telemedicine (M-code) workload reportable.

   Visits with service category M (telemedicine) are considered workload reportable. Those with service category T (telecommunications) are considered non-workload reportable.

Visits with clinic code 51 (telephone call) are considered non-workload reportable.

NPIRS Basic Business rules includes the following definition of a Direct Outpatient (APC) workload visit.

Visits that count as workload reportable *must have*:

- **Service Type**
    1. I (IHS)
    2. T (Tribe, Non-638/Non-Compact)
    3. O (Other)
    4. 6 (Tribe, 638 Programs)
    5. P (Tribe, Compacted Program)
    6. U (Urban Clinic)

  AND
- **Service Category**
    1. A (Ambulatory)
    2. S (Day Surgery)
    3. O (Observation)
    4. M (Telemedicine)

  AND
- **Clinic Code** that is workload reportable. In SCB, workload flag "Y" is indicated.
- **Primary Provider Code** value listed in the Standard Code Book (Services rendered by provider) signified with workload report flag = 'Y' AND Provider Status = 'A' or Provider expiration date is null or greater than or equal to the service date.
- **Location of Encounter** value listed in the Standard Code Book (Facility table) with APC Flag = Yes.
- **Diagnosis Code** is documented for the visit.

5. What are your definition differences between telemedicine and telecommunication?

The definitions below are established by a governing body that we leverage to satisfy NPIRS requirements for Workload, UDS, and Budget Formulation reporting.
Service Category:

- *T – Telecommunication*: Non-clinical or administrative tasks completed via telecommunication device(s) and NOT counted as workload reportable
- *M – Telemedicine*: Clinical services provided during visit using telemedicine technology (audio-only, audio/video, or asynchronous) where the patient and provider are not in the same physical location.

6. **Service Category M-Code and T-Code are not recognized by the sites. For the commercial office shelf system, what standard CPTs align with each of these so that we can categorize them correctly?**

   Please see HHS and CMS links below for up-to-date guidance on telehealth and CPT codes. Consultation with your local clinical SMEs is recommended.

   - HHS: Intro to Telehealth for AI/AN communities
   - HHS: Billing and Coding Medicare Fee-for-Service Claims
   - CMS: Telehealth | CMS

   Additionally, there is guidance that NPIRS publishes for all sites for mapping the data from EHR to HL7 format and simplified formats via Standard HL7 and non-HL7 Format | NPIRS

7. **How much is not workload reportable for outreach and referrals? Seems that the system is designed to reflect low performance through data despite the work done.**

   NPIRS and OUIHP will work together to customize and/or modify the business rules for the Urban flavor of workload reports to identify if the business rules that could be extended to all of the flavors of workload reports.

8. **Community of residence is interesting for those of us who are near enough or within areas of IHS direct or tribal programs, our work is often allocated to the tribes, not the UIO providing the services.**

   Currently IHS User Population counts only include federal and tribal health programs, urban programs are not included. Due to this, federal and tribal programs have received priority in the assignment of communities of residence, meaning that any UIO in the vicinity of a federal or tribal health program, may not receive any community assignments if the I/T clinics request those communities and it makes geographic sense. Prior to GPRA reporting being completed through NDW, this did not cause any issues. Now that GPRA reporting is done via NDW and using User Pop as denominators, this has resulted in issues with the Urban GPRA data and having their patients counted under the local I/T program instead of the UIO.

   NPIRS is reviewing how community of residence is utilized in user population and will begin working to develop a facility level urban report that may calculate user population for UIOs differently to account for these issues.

   There is intent to revisit the current method of user population reports and use them as a starting point for more engagement with the UIOs to identify how NPIRS could modify the reports to be more aligned with the business of the UIO.

9. **What is the timeline for submitting our reports? Our EHR system does not typically update until after midnight and any data submitted after the first of the month is not completely accurate.**

   Sites are encouraged to send in data as often as possible. The frequent submission of data will help identify report trends. Timing issues should be taken into account when NPIRS generates reports and when the data is submitted. At the end of every fiscal year, there is a time frame where no data is loaded into the system known as a freeze. The temporary freeze allows for the prior fiscal year's data to be loaded into the system. Note that if no data is received or no changes are made to the reporting it is due to the freeze.

10. **We are having issues with a large decrease in our workload. We also have not seen any change in our workload reporting values since September. Due to the NPIRS freeze there are no updates to the reports at this time.**

    NPIRS inherited the processes that are in place today, outside of the urban flavor of the user pop reports. We have been working with OUIHP and other program offices to try and improve not only our processes but improve the communication model that was leveraged in the past. Received feedback that headquarters will make decisions without a lot of collaboration with sites, and we are trying to change this model.

11. **I have reached out to the regional support staff but have not received any responses. I have an issue with the correction or the appeal of the reports.**

    Send an email to the support staff with any questions with regard to sending in data. Area Stat Officer may help with discrepancies in the reports. Please refer to https://www.ihs.gov/nonmedicalprograms/ihs_stats/index.cfm?module=aso for a listing of Area Stat Officers.

12. **Could you publish an annual schedule for when you review the data, publish the workload reports, and what the timeline is for viewing or correcting the data?**

    The timeline is on the NPIRS website, below the NPIRS business rules. The timeline is set up for the OPHS standards on workload reportable/user pop schedule. The third week of every month is when the workload reports are run. As we start to get more feedback, we can work on getting an urban timeline. Please refer to https://www.ihs.gov/sites/npirs/themes/responsive2017/display_objects/documents/WUPS/User-Pop-Workload-Timeline-Memo-FY-2022.pdf. The timeline is updated after it is approved by OPHS.

13. Is there a document showing which HL7 fields need to be included for the data transmission for commercial off-the-shelf systems?

The transmission guide discusses HL7 vs non-HL7. Please refer to https://www.ihs.gov/NPIRS/submitting-data/standard-hl7-and-non-hl7-format/ for copies of the transmission guides.

14. We submit data monthly, but due to the "freeze" the reports are not updated for months. We are also told to upload as often as possible so the data is kept up to date. Is the data updated and we are just now seeing them in the reports?

Data is frozen during the months of November and December. During this time, all of the data received will be entered into the system and the end-of-year reports run. Once the end-of-year reports are generated, reviewed, approved, and certified by OPHS and all of the areas, then NPIRS opens the system for processing.

15. Any updates on when the urban sites will be able to pull GPRA data through what we are sending through the National Data Warehouse?

The current IDCS reporting system will only report data down to the service unit level. Due to many UIOs being included as part of a larger service unit containing multiple facilities, we are unable to get facility-level data for those UIOs, although their data may be reflected in the overall service unit GPRA data. We are working on developing a method to obtain facility level GPRA data for these UIOs included in other service units, but there is currently no timeline for when this will occur.

16. Noticed errors early on with data extraction from HL7 and submissions to previous reports. What is the best way to resubmit or amend those previous reports?

A file can be resent with updates to the NDW via FTP or Secure Data Transfer. For any visit data, NPIRS takes the latest record on file.

17. If the number of months needs to be amended, can we run the HL7 data extraction for those full range of months and submit it?

Yes, but if using RPMS then there is a different process. Please submit a Service Now (SNOW) ticket if assistance is required with the RPMS tool. If a site is using non-RPMS, please request assistance from the vendor for modifying date extractions.

18. Where can we access the transmission guide?

https://www.ihs.gov/NPIRS/submitting-data/standard-hl7-and-non-hl7-format/

Reach out to Shawn Thomas with any questions pertaining to your data, which can be addressed through an office session or a help desk ticket.

19. How can the SDE files include CPT codes?

Work with your vender to make sure you have the correct programming for the data that is being entered.