Q&A - Urban Files Submission Training Session 2

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.

1. **Will we be able to receive copies of the training slides?**

   Reach out to shawn.thomas@ihs.gov for a copy of the presentation slides. Shawn will be working with the NPIRS team to have the recordings from session 1 and session two available. The plan is to have a data repository on the OUIHP website with the training resources.

2. **Has there been reports of data inaccuracy with Commercial Off the Shelf products that export to the NDW? Are numbers lower in reports than expected?**

   A site should contact their vendor to determine if the site is using their latest version. NPIRS can work with a site to determine if all fields are being received in the submitted files and meet with the site and vendor to help the vendor understand what may be needed or missing. An example of missing data from a non-RPMS software package could by missing LOINC codes. The LOINC codes may not be included in the HL7 file submitted to the NDW. The vendor will need to address this issue.

3. **With regards to Telehealth vs telemedicine, if we are actually billing a Current Procedural Terminology (CPT) with a modifier is that not getting counted at all?**

   Depending on the business rules for the report, certain reports are based on the usage of *service category* T-telecommunication and/or M-telemedicine. Workload reports specifically uses the service category M, and does not look at the CPT code or modifier.

4. **Should a record within a file have a T or M, and could that be causing my numbers to go down?**

   Depending on the report and its business rules, the numbers could be down due to an exclusion of a service category T or M. Incomplete or missing data could also cause numbers to decrease.

   Because NPIRS cannot instruct sites on how should be entered, it is recommended that sites consult with their SMEs and/or EHR vendor regarding data that may be incomplete or missing.

5. **Why are the rules for inclusion of visits in Budget Formulation different from the rules for workload counting? Budget Formulation counts T = Telecommunications, but not M = Telemedicine. But workload reports include M = Telemedicine and exclude T = Telecommunications.**

   NPIRS does not define the business rules for how visits are counted on these reports. They are based on business rules that have been defined by OPHS for Workload, OUIHP for Budget Formulation and UDS and/or collaborative input from senior IHS management.

   Most of the business rules support legacy reports that were established a few decades ago. There may be a need to confer with OPHS, OUIHP, and others as applicable to revisit and refine the rule definition.

6. **Are there concerns how your EHR is converting the 95-modifier procedure code and converts it to an M or a T in the report?**

   The 95 modifier is a CPT code that is used in conjunction with the service category M or T. You will need to work with your local Subject Matter Expert to address when to use the 95 modifier.

7. **Is there a list of COTS systems that have successfully developed HL7 outputs for submission?**

   There is no official list that has been developed. NPIRS has accepted a large number of different COTS packages, such as NextGen, Greenway Software, FX, etc.

8. **Is the data review email automatically generated or do you need to request one?**

   It is automatically generated when NPIRS is working with a site in their file submissions. When a site sends their files straight to Production, the site can review their data from their reports generated by the NDW.

9. **The Community of residence is the key element in deciding what area and service unit a user will be counted in according to the NPIRS basic business rules. Does the community of residence correspond to the community variable in the standard code book? What is the definition, origin, and purpose of this variable?**

   All community names and service unit assignments are documented in the Standard Code Book, and each community of residence (COR) is assigned a community code that correlates to the community name. This variable is utilized to determine which service unit a patient is counted in for User population. Whichever SU is assigned the

community of residence the patient lives in is assigned that patient as part of its user population and GPRA counts, regardless of which federal, tribal, or UIO the patient went to for care.   OPHS provides NPIRS with the definitions of all the variables that we use for standard reporting.

10. Is there a crosswalk between the community variable and the service unit variable?

Yes, there is. Within the standard code book, in the community table, there is a field called ASU (Area Service Unit) this field is also found in the service unit table and may be called the service unit code. This 4-digit code is the same as what is shown in the community table.

11. Is the Standard Code Book used by IHS to assign users to a service unit?

Users are not assigned to a service unit. Communities are assigned to a service unit. Patients are counted at the service unit that is assigned the community the patient resides in.

12. Are service units linked with specific IHS or tribal facilities and facilities and communities within a service unit? Are users residing within a specific service unit automatically counted towards a specific IHS or tribal facility even if they receive all of their services from an Urban Indian site?

Depending on the Area, a service unit can include a single federal, tribal, or urban Indian Health program, or the service unit can contain multiple federal, tribal, and urban health programs. Each service unit is assigned specific communities of residence, and patients are counted at the service unit that is assigned to the community of residence the patient lives in, regardless of which I/T/U facility they went to for care.   Workload visits are counted where the visit takes place, regardless of where the patient lives. Active user pop patients are counted based on where they reside. To be an active user, the AI/AN patient must have had at least one workload reportable visit in the previous three years at an federal, tribal, or urban facility within the Area, and live in a community of residence assigned to one of the service units in that Area.

13. Is there a possibility of setting up a VPN for data submission for sites not on the D1?

Currently, this is not an option.

14. Are the NPIRS Basic Business Rules focused on RPMS data only? Is there any tool or guidelines book for non-RPMS users for us to validate the accuracy of our data?

There are no vender specific guides that we create for anyone. The NPIRS basic business rules are for all data received, whether it is RPMS or non-RPMS. It is how we evaluate the data we receive on your visits or registration records.