

**Minnesota Department of Labor and Industry
HOFS study data request -- HOSPITALS
Revised April 30, 2020**

Preface: April 30, 2020 revision

The following is the only revision in the current version of this request as compared with the February 19, 2020 version:

In the "BP data -- with PPO adj" and "BP data -- without PPO adj" tabs, the conditional formatting for data items E13 and E14 (columns N and O) is corrected. In the previous version, when an encounter sequence number was reported for item E1, the conditional formatting of items E13 and E14 would revert from red to blue only when "Y" or "N" was entered. With the correction, it reverts from red to blue when "Y", "N", or "U" is entered.

Everything else is the same between the February 19 version and this revised version of the data request.

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Instructions

This request pertains only to hospital outpatient encounters.

This report format allows for reporting BY an individual hospital or hospital group ON BEHALF OF an individual hospital or hospitals. Please contact all entities who are reporting on your behalf or for whom you are reporting to coordinate your response. We wish to have complete and nonduplicative reporting.

Three data-entry tabs are described below. In these tabs, enter data in blue- and green-highlighted cells only. The numbers in yellow-highlighted cells are computed automatically.

Copying and pasting: The three data-entry tabs extensively use formulas and conditional formats within cells. Any CUTTING and pasting in the data-entry areas will cause these to malfunction. Therefore, in filling out the data-entry tabs, PLEASE DO NOT DO ANY CUTTING AND PASTING (including drag-and-drop). COPYING AND PASTING IS OK. If you copy and paste within the same column or columns, a full paste may be used. BUT IF YOU COPY AND PASTE TO A DIFFERENT COLUMN, USE "SPECIAL PASTE" AND PASTE VALUES ONLY. If you have questions, please contact David Berry or Brian Zaidman at DLI (contact information below).

Section 1

Complete the Hospital Data table in the Hospital Data tab to determine the sample encounters for individual reporting before you proceed to Section 2. An illustrative example of how to complete the Hospital Data tab is provided in [Hospitals HOFS Video 2](#).

Note: This report uses the term "encounter" to refer to an instance of a service or set of services being provided to a single patient during a single visit to a hospital outpatient department. An encounter typically has one bill with multiple services.

Section 1, Step 1

Complete one line in the Hospital Data Table for each hospital for which you have reporting responsibility. Watch [Hospitals HOFS Video 2](#) for an illustrative example. List each such hospital even if you are not reporting for it via this data submission and even if it has zero population encounters to report, but do not list the hospital if another entity is reporting for it in this survey.

For each hospital that meets the above criteria, enter data as follows in the Hospital Data Table:

- Indicate the hospital name in column A.
- In column B, report the city where the hospital is located.
- In columns C and D, indicate the relationship of you, the data-submitter, to the hospital.
- In column E, indicate whether you are reporting for this hospital via this data submission.

Section 1, Step 2

The next columns involve "countable encounters". A "countable encounter" is one that meets ALL of the following criteria:

1. **The encounter is covered by the Minnesota workers' compensation Hospital Outpatient Fee Schedule (HOFS).** This means that the encounter involved a Minnesota workers' compensation injury or illness, was at a Minnesota non-critical-access hospital (see "Non-critical-access hospitals" tab), and had at least one service (as indicated by the HCPCS procedure code either billed or paid) with a J1 or J2 status indicator under the Medicare Outpatient Prospective Payment System (OPPS). A list of HCPCS codes with J1 and J2 status indicators is on the DLI website at <https://www.dli.mn.gov/business/workers-compensation/work-comp-medical-fee-schedules-hofs>
AND
2. **The encounter is at least partially paid.**
AND
3. **The amount paid for the encounter is not affected by a settlement.**

The following examples are **NOT** countable encounters:

The injury or illness is not covered by Minnesota workers' compensation.

Treatment occurs at a Critical-Access Hospital.
Treatment does not include any J1 or J2 services.
The workers' comp claim or medical treatment is fully denied.
Payment is reduced by a settlement.

Except for column S in the "Hospital data" tab (see below), all encounters in this data request are limited to "countable encounters".

Using the above criteria, pull data for each hospital to identify the hospital's "countable encounters" that have service dates from November 4, 2019 through December 18, 2109 ("report period"). These are the hospital's "**population encounters**".

Indicate in column F (in the Hospital Data table) the hospital's total number of population encounters.

Indicate in column G the number of population encounters (from column F) that have any PPO (preferred-provider organization) adjustment to payment. The number without a PPO adjustment is computed automatically in column H.

NOTE to help you identify encounters with PPO adjustments: On the 835, a PPO adjustment is indicated by a Claim Adjustment Reason Code (CARC) value of "P24" for segment CAS02, CAS05, CAS08, CAS11, CAS14, or CAS17 within loop 2110 or 2100, or by a CARC value of "96" for one of these same segments when segment LQ01 is "HE" and segment LQ02 is "N381" within loop 2110. ("N381" is a Remittance Advice Remark Code (RARC).)

Section 1, Step 3

Sampling:

The Department of Labor and Industry (DLI) prefers that you report (in Step 2) on all of the population encounters indicated in columns G and H in the Hospital Data table -- that is, that you include all of these encounters in your submitted sample. However, DLI recognizes that this may be difficult for entities with large numbers of population encounters and without the necessary computer programming capacity. Therefore, DLI has devised a sampling procedure for such entities. The choice of whether to report all population encounters or just a sample is specific to the hospital.

Reporting on all population encounters: If you and/or the hospital elect to report on all of the hospital's population encounters (columns F-H in the Hospital Data table), rather than a sample, enter "X" for the hospital in column I.

Reporting on a sample: If you and/or the hospital elect to report on a sample of the hospital's population encounters, rather than the total, enter "X" for the hospital in column J.

Sampling procedure: The entry of "X" in column I or J triggers the automatic computation of **sample date windows** in columns K-P. The sample date window is specific to the hospital and to encounters with and without a PPO adjustment to payment. It is a subperiod within the overall report period and is with respect to date of service. It begins with the first day of the overall report period, November

4, 2019.

The sample encounters for the hospital consist of those population encounters that fall within the respective sample date window (by date of service).

If you are reporting on all population encounters for the hospital ("X" in column I), the two sample date windows for the hospital (for PPO and non-PPO encounters) end on December 18, 2019, the last day of the overall report period. In this instance, the sample encounters consist of all population encounters.

If you are reporting on a sample of population encounters for the hospital ("X" in column J) and the respective number of population encounters is more than 50 (columns G and H), the sample date window becomes smaller as the hospital's respective number of population encounters becomes larger. (A smaller sample date window means an earlier end date.)

For hospitals with 50 or fewer population encounters within either the PPO or non-PPO category, the respective sample date window is the entire report period, November 4, 2019 - December 18, 2019, meaning that all respective population encounters are included in the sample.

Once you know the sample date windows for PPO and non-PPO encounters, use these date windows to pull the numbers of encounters from the hospital's database that fit within these windows. Enter in columns Q and R the numbers of population encounters whose dates of service are within the sample date window for encounters with and without PPO adjustments respectively. These are the encounters you will be reporting in Step 2. The total numbers of these encounters (within the PPO and non-PPO categories) for all hospital for which you are reporting are given in cells Q12 and R12.

Column S: Encounters with neither payment nor full denial. Enter the number of encounters with service dates within the overall report period (Nov. 4, 2019 to Dec. 18, 2019) for which the hospital had received neither a payment nor a full denial from the insurer as of the time of data submission to DLI. *Note: these are outside the category of population encounters. Do not report further for these encounters.*

For an illustrative example of how to complete Section 1, watch [Hospitals HOFS Video 2.](#)

If cells Q12 and R12 (total sample encounters, for all listed hospitals, for PPO and non-PPO encounters) are both zero, you have zero encounters to report; skip to Section 3 (transmit the data). Otherwise continue to Section 2.

Section 2: Report billing and payment data for those countable encounters selected in Section 1.

The encounters to be reported are those indicated in columns Q and R in the Hospital Data table in the Hospital Data tab. These are the countable encounters that fall within the sample date windows in columns K-P in the Hospital Data tab.

Enter the data for each of the encounters indicated in the Hospital Data Table in column Q (those with a PPO adjustment) in the tab "BP data -- with PPO adj".

Enter the data for each of the encounters indicated in the Hospital Data Table in column R (those

without a PPO adjustment) in the tab "BP data -- without PPO adj".

The reason for the separate tabs for encounters with and without PPO adjustments is that a more limited set of data items is requested for the encounters with PPO adjustments. DLI is not requesting service-level (line-level) data for encounters with PPO adjustments because DLI is not assessing payment accuracy for those encounters.

*Note: You may complete the tabs "BP data -- with PPO adj" and "BP data -- without PPO adj" either by data-entry or by copying and pasting a computer-generated file or by a combination of the two. If you copy and paste from a computer-generated file, first open the file into Excel and then copy and paste **values only**.*

Section 2, Step 1

Encounters with PPO adjustments -- "BP data -- with PPO adj" tab

For an illustration of how to complete this tab, watch

[Hospitals HOFS Video 3](#)

Report one line for each sample encounter indicated in the Hospital Data table in column Q (those with a PPO adjustment), regardless of the number of services for the encounter. For example, if column Q in the Hospital Data Table says 10, report 10 lines of data for 10 encounters. If a hospital has zero encounters indicated in column Q in the Hospital Data Table, leave the "BP data -- with PPO adj" tab blank.

Data items are in columns E1-E14.

Rows 3-7 describe each data item and indicate when it is to be reported.

Row 6 is the 837/835/277 reference. Where it exists, this is the correct source of the data.

Items E1-E3 and E5-E14 are to be completed for each encounter you report (item E4 is not used).

The encounter sequence number (item E1) will be used to identify encounters if DLI has questions. Number the reported encounters "1", "2", etc.

Item E2, the hospital name, should appear exactly as in column A of the Hospital Data table in the Hospital Data tab.

Dispute definition: For item E14, regarding whether a dispute has been filed with DLI or the Office of Administrative Hearings (OAH), "**dispute**" means that a request for certification (medical) or medical request was filed with the DLI or a claim petition was filed with the DLI or OAH with respect to at least one of the services in the encounter.

NOTE: The presence of a sequence number (item E1) is deemed to indicate that there is an encounter. When you add the sequence number to a line, all other data items but one for that line will be highlighted in red. These data items need to be completed for that encounter. The cells for these data items will remain red until they are filled with valid data. "Valid" means, for example, that dates are consistent with each other and that the data item complies with the description provided in Row 7. If you add a sequence number that is the same as the previous one, those two sequence numbers will be highlighted because they should be different.

Section 2, Step 2

Encounters without PPO adjustments -- "BP data -- without PPO adj" tab

For an illustration of how to complete this tab, watch

[Hospitals HOFS Video 4.](#)

Report one line for each service for each sample encounter indicated in the Hospital Data table in column R (those without a PPO adjustment). If a hospital has zero encounters indicated in column R in the Hospital Data Table, leave the "BP data -- without PPO adj" tab blank.

However, if the encounter has one or more NONDENIED services with a J1 status indicator (according to BOTH the billed and paid procedure codes for the service), you only need to report those services that have a J1 status indicator (according to EITHER the billed or paid procedure code for the service) and any implantable-device services with an H status indicator (according to EITHER the billed or paid procedure code for the service). For such an encounter, you do not need to report services where neither the billed nor the paid procedure code has a J1 or H status indicator. For these encounters, DLI will only use the J1 and H services in its analysis. For a list of J1, J2, and H services, visit

[https://www.dli.mn.gov/business/workers-compensation/work-comp-medical-fee-schedules-hofs.](https://www.dli.mn.gov/business/workers-compensation/work-comp-medical-fee-schedules-hofs)

Data items are in columns E1-E14 and S1-S8.

Rows 3-7 describe each item and indicate when it is to be reported.

Row 6 is the 837/835/277 reference. Where it exists, this is the correct source of the data.

Items E1-E3 and E5-E14 are to be completed for each encounter you report (item E4 is not used).

The encounter sequence number (item E1) will be used to identify encounters if DLI has questions. Number the reported encounters "1", "2", etc.

Item E2, the hospital name, should appear exactly as in column A of the Hospital Data table in the Hospital Data tab.

Dispute definition: For item E14, regarding whether a dispute has been filed with DLI or the Office of Administrative Hearings (OAH), "**dispute**" means that a request for certification (medical) or medical request was filed with the DLI or a claim petition was filed with the DLI or OAH with respect to at least one of the services in the encounter.

Items S1-S8 are to be completed for each reported service for each encounter you report.

If an encounter has just one service needing to be reported, continue in the same row to complete items S1-S8.

If the encounter has more than one service needing to be reported (see above), you will need to use multiple lines for that encounter to accommodate all the reported services. To do this, follow these steps:

1. Enter an encounter sequence number (item E1) to as many lines as there are reportable services for the encounter. The encounter sequence number should be the same for all lines for the same encounter. Keep in mind the above note about reportable services for encounters that have a J1 service. For such encounters, only report one line for each J1 or H service.
2. Complete items E2-E3 and E5-E14 in the first line for the encounter.
3. Complete items S1-S8 for each reported service (line) for the encounter.

For an illustration of how to do this, watch

[Hospitals HOFS Video 4.](#)

NOTE: The presence of a sequence number (item E1) that is different from the prior one is deemed to indicate that there is a new encounter. When you add a sequence number to a line that is different from the prior number, all other data items but one for that line will be highlighted in red. These data items need to be completed for that line. The cells for these data items will remain red until they are filled with valid data. "Valid" means, for example, that dates are consistent with each other and that the data item complies with the description provided in Row 7. If the sequence number you add is the same as the previous one (indicating an additional service for the same encounter), only service-level data columns will be highlighted; this is because you only need to complete the encounter-level data for the first line for the encounter.

Section 3: Submit the data file

Do this even if you had no individual encounters to report in Section 2. DLI still needs the information you entered in the Hospital Data tab.

The due date for the data is July 31, 2020.

Submit the data via upload at the following secure website:

<https://secure.doli.state.mn.us/dlidata20/> Further instructions are on that website.

It does not matter what you name your file. DLI will identify your file with the information you supply on the data submission website.

Questions?

Contact David Berry, david.berry@state.mn.us, 651-284-5208 or Brian Zaidman, brian.zaidman@state.mn.us, 651-284-5568.