



**Department of Public Health
Office of Health Care Access
Outpatient Surgery Data Reporting**

May 11, 2015 Webinar Questions and Answers

1. What about surgical facilities that do not use current procedural terminology coding or insurance?

Outpatient surgical facilities/departments that treat self-pay patients only are also required to report the encounter data. While the facilities do not bill patients with CPT codes, the codes exist for treatment being provided.

2. Is there any way a column can be added to the file layout, for the file upload method, to identify the required fields?

In the file layout for file upload method, if the column labeled “Edits” contains “Missing or Invalid” then the field is required.

In the data entry method, a required field will be highlighted and a warning given if the user does not fill the field before saving the data.

3. Do we need to inform patients that we are reporting this data to DPH?

The DPH mandate does not require patient notification.

To determine if you are required by federal law to notify patients, please review the U.S. Department of Health and Human Services’ Health Information Privacy advisory at this link <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/> .

4. Will this patient information be available to insurance companies [or other agencies] via Freedom of Information requests?

The mandate (Conn Gen. Stat. Section 19a-654) authorizes the Department to make patient identifiable data available to some entities for specific purposes:

- (1) For medical or scientific research - such requests are subject to the department’s Human Investigation Committee’s review;
- (2) A state agency for the purpose of improving health care service delivery;
- (3) A federal agency or the office of the Attorney General for the purpose of investigating hospital mergers and acquisitions; or
- (4) Another state’s health data collection agency with which the office has entered into a reciprocal data-sharing agreement for the purpose of certificate of need review or evaluation of health care services.

Insurance companies, like the public, may request de-identified patient data that also exclude provider, physician and payer organization names or codes.

5. I would like to register as the contact, but I am not sure how we will be reporting.

Please note that there is no end date to reporting. If your facility sees a large number of surgical patients in a reporting period, it may be onerous to enter individual encounter information every six months into the data entry web portal. It may be more efficient and cost effective to utilize the file upload method.



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- 6. I just contacted our software vendor to see if they are able to generate a secure file for us to send. Do I need to wait for that answer before I register?**

It is important to know which reporting pathway you will be using before you register to determine if you really need to go through the virtual private network (VPN) process. It takes up to three (3) weeks for the State's IT department to process a VPN application.

If you are using the file upload method, a username and password will be sent to you when you send the contact information DPH requested to dph.OSFhelpdesk.ct.gov.

The contact information request form is the "Registration Form" at this link:

<http://www.ct.gov/dph/cwp/view.asp?a=3902&q=565090&dphNav=1>.

- 7. Are we entering information for all insurance plans?**

We are requesting that for a reporting period you provide the following information related to each patient encounter, i.e., patient demographic, clinical diagnoses and procedures, payers and related charges. If there is more than one insurance plan covering an encounter, report up to three insurance plans for that encounter.

- 8. For reporting in July 2015, I am using the information from 10/1/14 through 3/31/15, correct?**

That is correct.

- 9. How long do we have to enter the data or does it all have to be in by July 1?**

Officially, you may start reporting the data from June 1. However, if you are using the data entry web portal, you may start entering the data as soon as you receive your virtual private network (VPN) key and are registered to use the portal.

- 10. Will the outpatient surgery data be uploaded via the current SFTP username and password, or will a new username and password be issued?**

The Department will send a new username and password for outpatient surgery data specifically once we receive the facility's authorized user's contact information.

- 11. Are there multiple folders on the website (i.e. inpatient, emergency department and outpatient surgery) to upload the data submission into or is there one folder for all three DPH/OHCA submissions?**

Yes there are separate folders for all three. The Department does not have any common folders at this time.



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- 12. If we do not have a social security number for a patient how should this field be populated? Many records do not include SSNs for various reasons. If this field is left blank does it contribute to the over error rate?**

Please assign 999999999 to blank SSN fields otherwise blanks/missing values will contribute to the overall error rate.

- 13. The patient discharge status in the file layout only includes three discharge status codes but there are many other valid National Uniform Billing Committee discharge status codes. What is the purpose of only listing three codes?**

In the Outpatient Data Workgroup's discussions, it came to light that only those three apply to outpatient surgical facilities or departments. However, if you find that more than those three apply, include the correct information and once we confirm with you, we will update the options we have provided.

- 14. We do one surgical procedure under anesthesia in our ASC [Oocyte retrieval, 58970]. Are we reporting on just that procedure/code or ALL procedures/codes performed in the ASC?**

Report on all procedures performed per encounter.

- 15. How are we defining an encounter? Just those procedures which require anesthesia which is the reason for our DPH licensure or all procedure performed in the ASC regardless of whether or not anesthesia was administered? For example, in our ASC we do a surgical procedure 58970 Retrieval of Oocytes under anesthesia. That would definitely be reportable. However, in the ASC we also perform 58974, Transfer of Oocytes which does not require anesthesia. Would the 58974/Transfer be a reportable encounter?**

An encounter is all procedures (with or without anesthesia) performed on a patient in a visit.