

**West Virginia Department of Health and Human Resources
Health Care Authority
Strategic Data Collection and Analysis Plan
2022 Report**

As required by W. Va. Code §16-29B-25(j), the following represents the biennial report submitted to the Legislative Oversight Commission on Health and Human Resources for Accountability.

Entities submitting data and the data collected from each:

- **Hospitals (Acute Care, Critical Access, Psychiatric, Long-Term Acute Care and Rehabilitation)**
 - Audited Financial Report (Internal Financial Statement if an audited financial statement is not prepared) – this document contains a facial balance sheet, operating statement (revenues and expenses), statement of changes in retained earnings (fund balances), statement of cash flow and all notes, schedules and documents prepared and presented by independent accountant or auditor.
 - Statement of Charges for all services rendered – this document contains complete schedule of the facility's current rates for all patient services provided.
 - Uniform Financial Report – a compilation of utilizations, costs, revenues, full time employees, etc. broken down by payor and department.
 - Current Uniform Bill form in effect for inpatients – the following elements are collected:
 - Accommodation/Ancillary Charges
 - Accommodation/Ancillary Revenue Codes
 - Accommodation/Ancillary Units
 - Admission Date
 - Admission Type Code
 - Admit from Emergency Room Condition Code
 - Admitting Diagnosis Code
 - Auto Accident State Code
 - Bill Type Code
 - External Cause of Injury Code
 - External Cause of Injury Present On Admission (POA) Code
 - Federal Tax Number
 - Medicare Provider Number (CMS Certification Number)
 - Medical Record Number
 - National Provider Identifier (NPI) - Attending Physician
 - NPI - Billing Provider
 - NPI - Operating Physician

NPI - Other Physician
Other Diagnosis Code(s)
Other Procedure Code(s)
Patient Birth Date
Patient Control Number
Patient Gender Code
Patient Race and Ethnicity Code
Patient Status Code
Patient Zip Code
Payer Code(s)
Point of Origin for Admission Code (Admission Source Code)
Present on Admission Code(s)
Principal Diagnosis Code
Principal Procedure Code
Statement Coverage Dates [Beginning Date of Service (From) and End Date of Service (Through)]
Total Claim Charges
Admission Date and Hour
Discharge Time
Other Diagnosis Code
Principal Procedure Date
Procedure Date
Procedure Code
Present on Admission Indicator
Rendering Provider Identification (NPI)
Revenue Code, Unit, and Charge
Patient State Code
Patient First Name
Patient Middle Name or Initial
Patient Last Name
Patient Name Suffix
Patient Address Line
Patient City Name
Patient Secondary Identifier (SSN)

Outpatient and Emergency Department billing data are now being requested from the hospitals. All hospitals except a few are voluntarily providing this data.

- **Behavioral Health Facilities** – Audited Financial Report and Gross Rate the top 30 services by utilization.
- **Kidney Disease Treatment Centers** (including a free-standing hemodialysis unit) – Audited Financial Report and Statement of Charges for all services rendered.
- **Ambulatory Health Care Facilities** – Audited Financial Report and Statement of Charges for all services rendered.

- **Ambulatory Surgical Facilities** – Audited Financial Report and Statement of Charges for all services rendered.
- **Home Health Agencies** – Audited Financial Report, Statement of Charges for all services rendered and an annual utilization survey.
- **Rehabilitation Facilities** – Audited Financial Report and Statement of Charges for all services rendered.
- **Community Mental Health or Intellectual Disability Facilities** – Audited Financial Report and Statement of Charges for all services rendered.
- **Community-Based Primary Care Centers** – Audited Financial Report

Types of analysis performed on the submitted data:

- An audit of the uniform financial reports is conducted to verify that the data contained in the reports are consistent with the hospitals' audited financial statements.
- All uniform financial report data are compiled into a database for analysis and data between facilities. This database is also used for filling data requests.
- Data quality reports and edit checks are completed on the Uniform B data that, among other things, will flag duplicate reports, missing monthly data, and over or under counted discharge reports.
- The data collected by the Health Care Authority are utilized to analyze and calculate benchmark rankings. These rankings will rank hospitals among peers based on their average cost per discharge and average charge per discharge. These rankings are required pursuant to the Assurance of Voluntary Compliance Order issued by the Circuit Court of Cabell County, West Virginia, in *In the Matter of Cabell Huntington Hospital Inc.'s Acquisition of St. Mary's Medical Center*, Misc No. 15-C-542, November 4, 2015.
- The data collected are sent to the Agency for Healthcare Research and Quality (AHRQ) for use in the Health Cost and Utilization Project (HCUP). Such use is governed by a Memorandum of Agreement (MOA) between the Health Care Authority and AHRQ. The data released to HCUP is used to create a national information resource of encounter-level health care data to facilitate research on a broad range of health policy issues. Release of data for analysis by researchers is controlled by the Public Health Service, which precludes releasing information that might identify individuals and is further restricted by the MOA between the Health Care Authority and AHRQ.

A way to reduce duplicative data submissions:

The duplication of data submissions was eliminated with the changes made in Va. Code §16-29B-24 in 2017. The uniform financial report is the only source of revenues and expenses broken down by payer. The statement of charges collected from the facility makes charge data available for public use that otherwise would not be available.

The current and projected expenses to operate the data collection and analysis program:

There is one employee at the Health Care Authority whose sole duty is to compile financial disclosure information required by W. Va. Code §16-29B-24 and make it available for public viewing. The salary for this employee, excluding fringe benefits, is \$32,298. The Health Care Authority entered into a contract on January 1, 2020, with the West Virginia Hospital Association for the hospital inpatient data system. The West Virginia Hospital Association will be paid \$254,715 for this contract in year one and \$250,000 per year for optional renewal years one through three. As a result, the annual expense for operating the data collection and analysis program is approximately \$282,298.

