

The New CHA Database as of 1/1/10:
Changes in Records Collection Plus
Significance of Fields 50 and 51

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Corrected as of March 2011

	Collected Prior to 1/1/10: reported for many years	Collected as of 1/1/10	Not Collected	Field 50	Field 51
INPATIENT ACCOUNTS					
Acute Medical/Surgical	X			1	1
Inpatient Psychiatric	X			1	2
Inpatient Rehabilitation	X			1	3
Inpatient Alcohol Rehabilitation	X			1	5
Inpatient Drug Rehabilitation	X			1	6
Swing Beds		X		1	4
Intermediate Care Facility (ICF)		X		1	4
TCU (transitional care units)		X		1	4
SNF		X		1	4
Hospice		X		1	4
Step-Down Unit		X		1	4
Other long-term or subacute care		X		1	4
OUTPATIENT ACCOUNTS					
Outpatient Surgery	X			2	2
OPS performed at freestanding ASCs			X	N/A	N/A
Gastroenterology Procedures	X			2	2
Cardiac Catheterizations	X			2	2
Interventional Radiology	X			2	2
Emergency Department patients with procedures	X			2	1
Observation patients with Procedures	X			2	2
Labor and Delivery patients with procedures	X			2	2
Emergency Department patients without procedures		X		2	1
Observation patients without Procedures		X		2	3
Labor and Delivery patients without procedures		X		2	3
Medical or diagnostic visits (no procedures performed)		X		2	4

PSYCHIATRIC HOSPITALS AND UNITS

Colorado has both free-standing dedicated psychiatric hospitals plus psychiatric units that are part of a general acute care hospital. General acute care hospitals report their data to CHA, but free-standing psychiatric hospitals do not. Therefore, the indication that CHA collects "inpatient psychiatric" accounts is a little misleading, because only a portion of the state's inpatient psychiatric patient base is actually reported to CHA.

Psychiatric units within hospitals constitute a valid peer group. Even if freestanding psychiatric hospitals reported their data to CHA, it would probably not be appropriate to assign them to the same peer group as individual units within larger acute care hospitals. Instead, freestanding psychiatric hospitals would probably more accurately be analyzed as its own separate peer group.

	Report to CHA	Do Not Report to CHA
Psychiatric Units within Hospitals		
Boulder Community Hospital	X	
Colorado Plains Medical Center	X	
Denver Health Medical Center	X	
Exempla Lutheran Medical Center - West Pines	X	
Longmont United Hospital	X	
Medical Center of Aurora - Geropsych Unit	X	
North Colorado Medical Center	X	
Parkview Medical Center	X	
Penrose-St. Francis Health Services	X	
Porter Adventist Hospital	X	
Poudre Valley Hospital	X	
Freestanding Psychiatric Hospitals		
Aspire Behavioral Health of Colorado		X
Cedar Springs Behavioral Hospital		X
Centennial Mental Health Institute at Ft. Logan		X
Centennial Mental Health Institute at Pueblo		X
Colorado Mental Health Institute at Pueblo		X
Eating Recovery Center - A Behavioral Hospital		X
Haven Behavioral Senior Care of North Denver		X
Haven Behavioral Senior Care at St. Mary Corwin		X
Highlands Behavioral Health System		X
Peak View Behavioral Health		X
West Slope Mental Health Stabilization Center		X

REHABILITATION HOSPITALS AND UNITS

Colorado has both free-standing dedicated rehabilitation hospitals plus rehabilitation units that are part of a general acute care hospital. General acute care hospitals report their data to CHA, and two out of three free-standing rehabilitation hospitals also report their data to CHA.

Rehabilitation units within hospitals constitute a valid peer group. It may not be appropriate to compare free-standing dedicated rehabilitation hospitals against rehab units within acute care hospitals. Instead, freestanding rehabilitation hospitals would probably more accurately be analyzed as its own separate peer group. However, only two out of the state's three freestanding rehabilitation hospitals report data to CHA. Membership in CHA and reporting of data to CHA is voluntary.

	Report to CHA	Do Not Report to CHA
Rehabilitation Units within Hospitals		
Boulder Community Hospital	X	
Memorial Hospital - Colorado Springs	X	
Montrose Memorial Hospital	X	
North Colorado Medical Center	X	
Parkview Medical Center	X	
Penrose-St. Francis Health Services	X	
Porter Adventist Hospital	X	
Poudre Valley Hospital	X	
St. Anthony Central	X	
St. Mary Corwin Medical Center - Pueblo	X	
St. Mary's Hospital and Medical Center	X	
San Luis Valley Regional Medical Center	X	
Swedish Medical Center	X	
University of Colorado Hospital - Anschutz	X	
Freestanding Rehabilitation Hospitals		
HealthSouth Rehabilitation Hospital		X
Northern Colorado Rehabilitation Hospital	X	
Spalding Rehabilitation Hospital	X	

Notice that Craig Hospital is not included on this list because Craig is officially licensed by the state as a long term acute care hospital (LTAC), not a rehab hospital.

Why was the CHA database changed?

The CHA database was completely overhauled as of 1/1/2010, to accomplish the following:

- convert from the UB-92 to the UB-04 format
- collect data that had not been collected before

What does Field 50 accomplish?

CHA Data Field 50 is labeled as the "type of encounter." It differentiates between inpatient and outpatient.

- Code 1 indicates inpatient.
- Code 2 indicates outpatient.

What does Field 51 accomplish?

CHA Data Field 51 is labeled as "place of service." It further subdivides the inpatient and outpatient accounts.

For accounts identified as inpatient accounts by field 50:

- Code 1 indicates an acute medical/surgical unit
- Code 2 indicates a psychiatric unit
- Code 3 indicates a rehabilitation unit.
- Code 4 indicates SNF/ICF/Other LTC/Hospice/Subacute/Swing Bed
- Code 5 indicates alcohol rehabilitation unit
- Code 6 indicates drug rehabilitation unit

For accounts identified as outpatient accounts by field 50:

- Code 1 indicates an Emergency Room account
- Code 2 indicates an outpatient surgery account
- Code 3 indicates an observation account
- Code 4 indicates an "other outpatient"

Why are these two fields important?

Together, fields 50 and 51 separate out accounts into "apples" and "oranges." These two fields are the tags that identify the account's peer group and determines which "bucket" in the database the account will be included in for purposes of analysis and reporting. Therefore, getting fields 50 and 51 right is among the most critical underpinnings of the CHA database, because if accounts end up grouped together with the wrong peer group, then it will skew any outcomes data based on analysis of that group.

Why is this the first topic we are addressing at the new HIM/CHA Advisory Group?

CHA personnel have identified this field as having errors. At this point, we do not have a full description of the exact kinds of errors or an error rate. However, to the extent that there are *any* errors in these fields, then the integrity of the database could be compromised.

How do hospitals identify the proper codes for fields 50 and 51? Why might this field be error-prone?

There is no "place of service" code in the UB-04. As a result, transmitting to CHA data for field 51 cannot be performed by simply transmitting an existing, defined, consistent field that already exists in all hospital databases. It is up to each hospital to create its own algorithm for identifying and mapping these categories. Since every hospital is likely to come up with a different mapping system, it is easy to see how discrepancies and inconsistencies might arise.

As an example of how complicated this is, here is an example of a mapping system that is used by one hospital system to map to field 51. This IT person also identified that even though all of its hospitals in its system use the same software, hospitals were free to - and usually did - use different definitions in its service fields, so that data from one hospital would not necessarily match data from another hospital *even in the same data field in the same software system*.

Hospital information services vendors typically permit extensive client customized defining of fields, and most hospitals take advantage of that capability. In Colorado, Meditech has by far the largest market share. But the different hospital systems who use Meditech have different versions, and even if they had the same versions, client customization means that fields are not equivalent between hospitals. Therefore, the sample mapping below will not likely match mapping from any other hospital system.

For Inpatients:

Map GERI, GERO, PSY, PSYC to 2 (Psychiatric Unit)

Map BIRP, CRHB, CRAG, CR, CARR, or REHB to 3 (Rehab Unit)

Map HOS, SNU, SNF or SWB to 4 (SNF/LTC/ Hospice/Swing-Bed)

Map CDU or CHEM to 6 (Drug Rehabilitation Unit)

If none of the above, map to 1 (Acute Medical/Surgical Unit)

For Outpatients:

Map patient type EV, OV, ORV, SV to 3 (observation) only if the record contains charges in Rev Code 762 and does not contain charges in Rev Code 36X, 45X or 49X. Otherwise, use the following:

Map patient type E to 1 (Emergency room).

Map patient type O to 4 (Other outpatient).

Map patient type S to 2 (Outpatient surgery).

What is CHA's definition of "outpatient surgery?"

CHA defines any outpatient account with an ICD-9-CM procedure code of 86.99 and below as "outpatient surgery."