



Mining Nebraska Hospital Association Data

Healthcare Financial Management Association

October 27, 2017

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VP, Health Information

NHA Data and Information Services

- Compdata Salary Survey
- Financial Indicators Analysis
- Nebraska DATABANK Program
- Nebraska Benchmarking Survey
- Nebraska Hospital Information System

NHIS

- Nebraska Hospital Information System
 - The NHA Nebraska Hospital Information System collects and analyzes accurate and reliable Nebraska hospital administrative claims data.
 - “hospital discharge data set”
 - “UB data”

Applicable Laws

- NHIS data is collected under authority in a non-public process that protects information under peer review statutes and limits discoverability
 - (Neb. Rev. Stat. 71-3401 to 71-3403).
- The NHA is able to collect health care data under federal HIPAA regulations
 - (CFR §164.501 and §164.502(e)(2)(i)(B))

NHIS Goals

- Protect privacy of patient health information and confidentiality of hospital data
- Non-public processes for collection and aggregating hospital health data
- Nebraska Department of Health and Human Services (NDHHS) data mandates
- Hospital advocacy data and information
- Reports and information for hospitals and affiliates

NHIS Goals

- NHA Clinical Outcomes Measurement System (COMS)
- Hospital Improvement Innovation Networks (HIINs)

Privacy of PHI

- Patient identifiers will only be released in accordance with HIPAA Privacy Standards and or as required by law
 - County or zip code only with HIPAA data use agreements
- Hospital/physician identifiers only be released NHA policies or as required by law
- HIPAA Privacy Standards and Security Standards will be maintained

Hospital Confidentiality

- Individual hospital data will not be disclosed, however:
 - NHIS participating hospitals may receive hospital identifiers
 - Public domain data currently available is released in reports
 - Hospitals may provide authorization for additional disclosure
 - Reports will contain a minimum of 5 providers with aggregated data

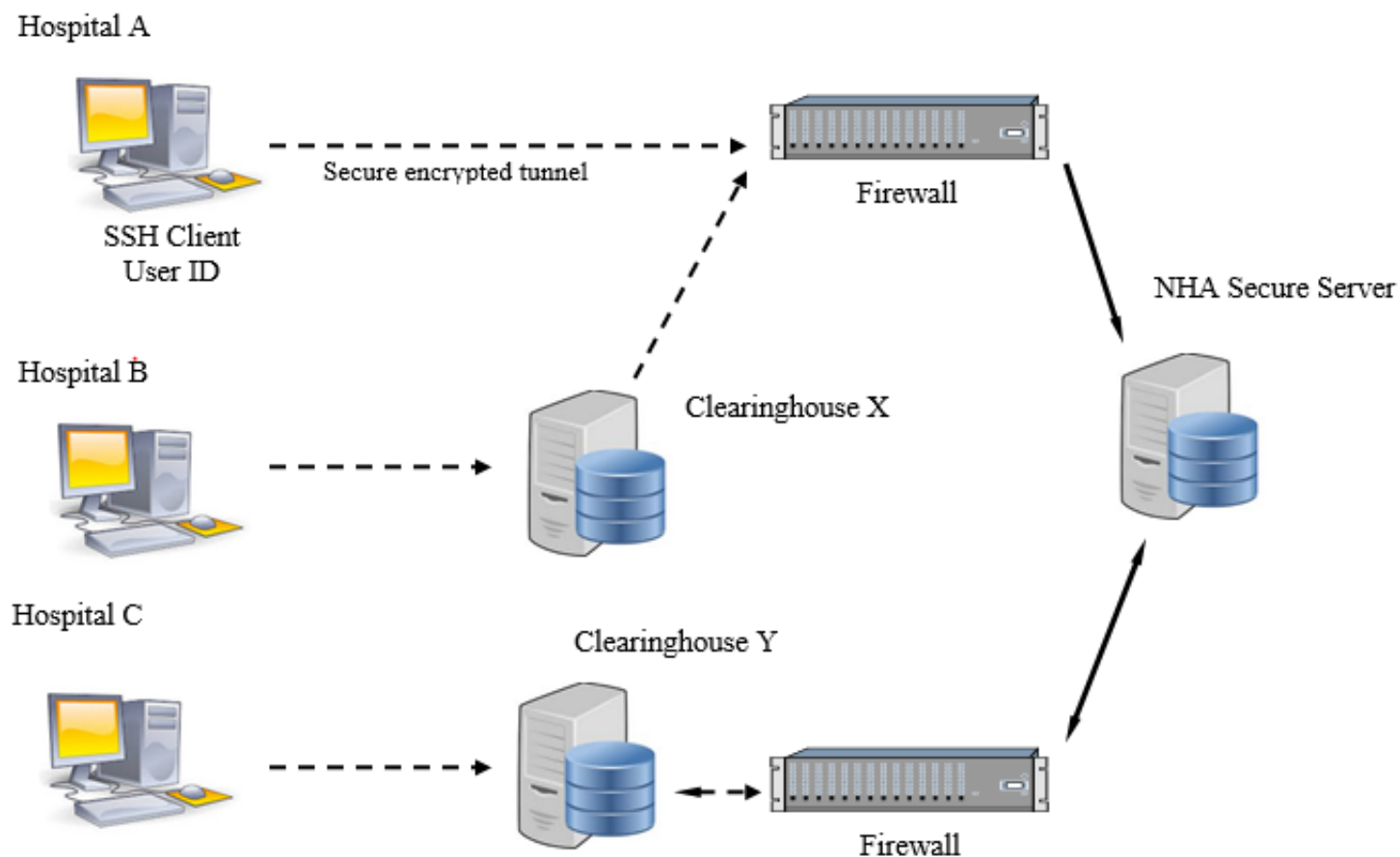
NHIS Development

- | | |
|-----------------|---|
| January, 1995 | • NHIS starts collecting claims data through DataTrac |
| September, 2003 | • Conversion of NHIS data structure. |
| June, 2004 | • Last DataTrac submission received by NHA |
| May, 2004 | • First production HIPAA 837i transaction received |
| August, 2004 | • Conversion of posting claims data using 837i format |

Data Formats

- HIPAA ANSI 837i transaction
 - 5010 compliance date January 1, 2012
 - NHA 5010 Companion Guide
 - Version 1.3 Published January 12, 2017
- File extract in NHA predefined layout
 - NHA Flat file

Data Transmission



Daily Data

2017

- 123 files
- 15,366 claims

1996

- 83 files
- 7,438 claims

System Records

- **4,419,079** hospital inpatient claims
- **51,637,682** inpatient lines of revenue
- **46,566,207** hospital ambulatory surgery, emergency room and outpatient claims
- **194,981,218** outpatient lines of revenue

Daily Data

Type

• 837i	98% files	91% claims
• NHA flat file	2% files	9% claims

Source

• Hospital	78% files	61% claims
• Clearinghouse	22% files	39% claims

Vendors

- Change Assurance Plus (RelayHealth)
- eProvider Solutions
- HeW
- MedAssets
- PC-ACE (NEBLUEconnect or WPS)
- Recondo
- Rycan
- SSI Group - ClickON® Net Billing and ClickON® Direct
- Trizetto
- Zirmed

Public Health - Monthly

- External Cause of Injury
(Neb. Rev. Stat. 71-2078 to 71-2082)
- Head, Brain & Spinal Injury
(Neb. Rev. Stat. 81-653 to 81-661)
- Cancer Registry Early Case Capture
(Neb. Rev. Stat. 81-642 to 81-650; NAC 186-1)
- Contagious, Infectious, or Poisoning
(Neb. Rev. Stat. 71-503)

Public Health - Monthly plus

- Ambulatory Surgical Center
 - (Neb. Rev. Stat. 81-6,111 to 81-6,119)
- Parkinson Disease Registry
 - (Neb. Rev. Stat. 81-697 to 81-6,110)
- Crash Outcomes Data Evaluation System (CODES)

Public Health

- Communicable Diseases
 - (Neb. Rev. Stat. 71-532)
- NDHHS and county health department data sets for public health purposes
 - Guillian-Barre Syndrome
- Inpatient and ER state files

Pricing Guides

- Top 25 DRG's
- Top 25 ASC Cases by CPT
- Room Rates by UB-04 Revenue Code
- Top 200 ASC Cases by CPT
- ~~Top 400 Diagnostic Outpatient Procedures~~
- Departmental Pricing Guide

TOP TWENTY-FIVE (OR LESS) ACUTE DIAGNOSTIC RELATED GROUP REPORTEDS (DRG'S) IN THE INPATIENT DISCHARGE REPORTING MASTER
Covering Discharge Dates between 01/01/2017 and 06/30/2017, Including Out-of-state Residents

Referral

Rank	DRG	CMS 34.0 Description	Total Cases	Average Charge	Avg. LOS
1.	795	Normal newborn	1,836	\$3,369	1.85
2.	775	Vaginal delivery w/o complicating diagnoses	1,640	\$8,330	1.97
3.	885	Psychoses	1,376	\$14,395	5.98
4.	470	Major joint replacement or reattachment of lower extremity w/o MCC . .	1,127	\$45,986	2.44
5.	871	Septicemia or severe sepsis w/o MV 96+ hours w MCC	886	\$43,988	5.51
6.	794	Neonate w other significant problems	565	\$6,022	2.41
7.	766	Cesarean section w/o CC/MCC	535	\$14,793	2.71
8.	291	Heart failure & shock w MCC	413	\$31,493	4.87
9.	189	Pulmonary edema & respiratory failure	363	\$33,392	4.37
10.	190	Chronic obstructive pulmonary disease w MCC	354	\$30,288	4.46
11.	765	Cesarean section w CC/MCC	292	\$18,991	3.10
12.	872	Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	264	\$27,373	4.01
13.	193	Simple pneumonia & pleurisy w MCC	253	\$32,402	4.68
14.	392	Esophagitis, gastroent & misc digest disorders w/o MCC	230	\$19,409	3.23
15.	774	Vaginal delivery w complicating diagnoses	190	\$10,282	2.29
16.	881	Depressive neuroses	181	\$7,620	3.29
17.	194	Simple pneumonia & pleurisy w CC	176	\$22,783	4.03
18.	378	G.I. hemorrhage w CC	168	\$21,875	3.11
19.	247	Perc cardiovasc proc w drug-eluting stent w/o MCC	161	\$69,101	2.20
20.	603	Cellulitis w/o MCC	151	\$18,963	3.74
21.	683	Renal failure w CC	148	\$21,478	3.70
22.	065	Intracranial hemorrhage or cerebral infarction w CC	146	\$30,105	4.59
23.	690	Kidney & urinary tract infections w/o MCC	145	\$19,146	3.34
24.	897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC .	145	\$14,652	3.83
25.	682	Renal failure w MCC	137	\$35,744	5.50
	Other Codes		10,114	\$40,899	4.83
	TOTAL		21,996	\$29,964	4.07

CAH

SURVEY PROCEDURES/CHARGES BY CPT, AGE, AND PERCENTILE

Covering Discharge Dates between 07/01/2016 and 06/30/2017, Including Out-of-state Residents

No.	CPT	Description	Total Procedures	---Average Charge---			--25th %tile--		--50th %tile--		--75th %tile--		--90th %tile--		--95th %tile--		Pcnt Male	Pcnt 65&Up
				Total	0-64	65+	Procs	Charge	Procs	Charge	Procs	Charge	Procs	Charge	Procs	Charge		
1.	0296T	EXT ECG RECORDING	243	\$434	\$435	\$434	61	\$372	122	\$396	183	\$499	219	\$600	231	\$630	42.8	73.7
2.	0297T	EXT ECG SCAN W/REPORT	182	\$768	\$766	\$768	46	\$656	92	\$849	137	\$902	164	\$902	173	\$902	42.9	76.9
3.	10021	FNA W/O IMAGE	39	\$420	\$516	\$338	10	\$72	20	\$128	30	\$355	36	\$1,545	38	\$2,133	23.1	53.8
4.	10022	FNA W/IMAGE	115	\$466	\$424	\$551	29	\$208	58	\$451	87	\$596	104	\$710	110	\$1,545	25.2	33.0
5.	10060	DRAINAGE OF SKIN ABSCESS	192	\$364	\$378	\$341	49	\$181	97	\$242	145	\$302	173	\$431	183	\$1,438	41.7	37.5
6.	10061	DRAINAGE OF SKIN ABSCESS	30	\$773	\$830	\$548	8	\$174	16	\$440	23	\$1,038	28	\$2,345	29	\$2,557	50.0	20.0
7.	10080	DRAINAGE OF PILONIDAL CYST	10	\$769	\$769	.	3	\$238	6	\$375	8	\$1,371	10	\$2,056	10	\$2,062	50.0	0.0
8.	10120	REMOVE FOREIGN BODY	48	\$631	\$673	\$262	13	\$232	25	\$327	37	\$530	44	\$1,767	46	\$2,306	75.0	10.4
9.	10140	DRAINAGE OF HEMATOMA/FLUID	31	\$1,176	\$859	\$1,376	8	\$241	16	\$550	24	\$2,561	28	\$2,860	30	\$3,415	38.7	61.3
10.	10160	PUNCTURE DRAINAGE OF LESION	22	\$461	\$315	\$635	6	\$82	12	\$241	17	\$433	20	\$878	21	\$2,360	40.9	45.5
11.	10180	COMPLEX DRAINAGE WOUND	6	\$1,469	\$1,117	\$2,172	2	\$1,093	4	\$1,460	5	\$1,660	6	\$2,999	6	\$2,999	16.7	33.3

No.	CPT	Description	Total Procedures	---Average Charge---			--25th %tile--		--50th %tile--		--75th %tile--		--90th %tile--		--95th %tile--		Pcnt Male	Pcnt 65&Up
				Total	0-64	65+	Procs	Charge	Procs	Charge	Procs	Charge	Procs	Charge	Procs	Charge		
517.	73090	X-RAY EXAM OF FOREARM	1,289	\$233	\$234	\$229	323	\$214	645	\$235	967	\$253	1,161	\$276	1,225	\$297	49.4	19.2
518.	73092	X-RAY EXAM OF ARM INFANT	28	\$200	\$201	\$180	8	\$181	15	\$186	22	\$216	26	\$272	27	\$272	46.4	3.6
519.	73100	X-RAY EXAM OF WRIST	940	\$208	\$210	\$203	236	\$188	471	\$207	706	\$244	847	\$244	894	\$256	41.4	32.0
520.	73110	X-RAY EXAM OF WRIST	4,126	\$254	\$258	\$245	1,032	\$234	2,064	\$253	3,095	\$282	3,714	\$313	3,920	\$325	39.0	30.1
521.	73120	X-RAY EXAM OF HAND	437	\$217	\$225	\$202	110	\$202	219	\$213	328	\$244	394	\$262	416	\$289	48.5	33.4
522.	73130	X-RAY EXAM OF HAND	3,615	\$263	\$266	\$252	904	\$250	1,808	\$266	2,712	\$287	3,254	\$319	3,435	\$332	52.7	25.2
523.	73140	X-RAY EXAM OF FINGER(S)	2,158	\$191	\$193	\$182	540	\$177	1,080	\$192	1,619	\$205	1,943	\$244	2,051	\$246	57.7	16.5
524.	73200	CT UPPER EXTREMITY W/O DYE	248	\$1,770	\$1,778	\$1,760	63	\$1,675	125	\$1,759	187	\$1,899	224	\$2,014	236	\$2,026	47.6	41.5
525.	73201	CT UPPER EXTREMITY W/DYE	18	\$1,950	\$1,968	\$1,921	5	\$1,743	10	\$1,981	14	\$2,150	17	\$2,300	18	\$2,324	55.6	38.9
526.	73218	MRI UPPER EXTREMITY W/O DYE	78	\$2,196	\$2,251	\$2,058	20	\$2,015	40	\$2,231	59	\$2,395	71	\$2,746	75	\$2,746	59.0	28.2
527.	73220	MRI UPRR EXTREMITY W/O&W/DY	41	\$2,856	\$2,827	\$2,917	11	\$2,514	21	\$2,788	31	\$3,153	37	\$3,443	39	\$3,470	36.6	31.7
528.	73221	MRI JOINT UPR EXTREM W/O DY	1,737	\$2,209	\$2,211	\$2,202	435	\$2,078	869	\$2,151	1,303	\$2,313	1,564	\$2,558	1,651	\$2,746	52.2	28.4
529.	73222	MRI JOINT UPR EXTREM W/DYE	152	\$2,378	\$2,380	\$2,370	39	\$2,187	77	\$2,341	115	\$2,599	137	\$2,925	145	\$3,122	57.9	17.1
530.	73223	MRI JOINT UPR EXTR W/O&W/DY	35	\$2,913	\$2,947	\$2,817	9	\$2,540	18	\$2,867	27	\$3,424	32	\$3,480	34	\$3,527	40.0	25.7

Market Analysis and Operations Support Services

- Discharge Data Sets
 - Standard inpatient quarterly extract
 - Standard outpatient quarterly extract
 - Surgery, ER and other outpatients
 - Service Lines CPT
- Custom inpatient or outpatient data sets
- Extract in Excel files

Hospital Portal

www.nhisnet.org/nha_ma/ip_rept.php

Nebraska Hospital Information System

Inpatient Charge Report

Looking at All grouped by DRG Group

01/01/2017 Through 03/31/2017

All ages selected



[Excel Export](#)

[PDF Export](#)

	Discharges	Total Charges	Avg Charge	Patient Days	Avg LOS	Avg. Chg / Day
-MS-DRG 01 - Cardiology	5,142	236,929,878	46,077	20,294	3.9	11,675
-MS-DRG 02 - Dentistry	48	1,149,056	23,939	145	3.0	7,925
-MS-DRG 03 - Dermatology	74	2,697,859	36,458	673	9.1	4,009
-MS-DRG 04 - Endocrine	1,148	24,998,067	21,775	4,291	3.7	5,826
-MS-DRG 05 - Gastroentero	3,450	95,963,447	27,815	13,955	4.0	6,877
-MS-DRG 06 - General Medi	4,002	163,414,860	40,833	23,123	5.8	7,067
-MS-DRG 07 - General Surg	3,397	213,179,356	62,755	22,355	6.6	9,536
-MS-DRG 08 - Gynecology	245	9,079,800	37,060	738	3.0	12,303
-MS-DRG 09 - Hematology	372	12,311,534	33,096	1,512	4.1	8,143
-MS-DRG 10 - Neonatology	2,221	59,876,590	26,959	15,089	6.8	3,968
-MS-DRG 11 - Nephrology	1,458	35,565,125	24,393	6,322	4.3	5,626
-MS-DRG 12 - Neurology	2,276	83,447,083	36,664	15,559	6.8	5,363
-MS-DRG 13 - Neurosurgery	505	36,941,205	73,151	3,488	6.9	10,591
-MS-DRG 14 - Newborns	3,857	14,079,339	3,650	7,768	2.0	1,812
-MS-DRG 15 - Obstetrics	6,271	82,505,254	13,157	16,479	2.6	5,007
-MS-DRG 16 - Oncology	816	102,315,142	125,386	8,938	11.0	11,447
-MS-DRG 17 - Ophthalmolog	43	1,073,279	24,960	141	3.3	7,612
-MS-DRG 18 - Orthopedics	5,372	274,935,350	51,179	20,780	3.9	13,231

Hospital Portal

Pricing Guide

CPT Query ran 10/18/2017 for data from 04/01/2016 through 03/31/2017 data set

45378 DIAGNOSTIC COLONOSCOPY

Service Line/Revenue code charge per CPT/HCPCS Unit.

	Service Lines	Units	Ave	25%	50%	75%	95%	Pct 65+	Pct Male
All Nebraska	7473	7264	\$1884	\$1356	\$1657	\$2154	\$3925	23%	42%
<input type="text" value="CAH"/>	2531	2391	\$1701	\$1500	\$1648	\$1855	\$2793	25%	44%
General Hospital	82	82	\$1713	\$1657	\$1657	\$1739	\$1739	27%	42%

Claim level charges for cases with primary CPT/HCPCS code.

Code is considered surgical

	Primary	Ave	25%	50%	75%	95%	Pct 65+	Pct Male
All Nebraska	5851	\$3643	\$2486	\$3299	\$4492	\$6346	21%	43%
CAH	2153	\$3328	\$2535	\$3075	\$3820	\$5168	25%	43%
General Hospital	82	\$2793	\$2442	\$2535	\$3028	\$4174	27%	42%










Bryan Medical Center

www.bryanhealth.org
1600 South 48th Street
Lincoln, NE 68506
(402) 489-0200

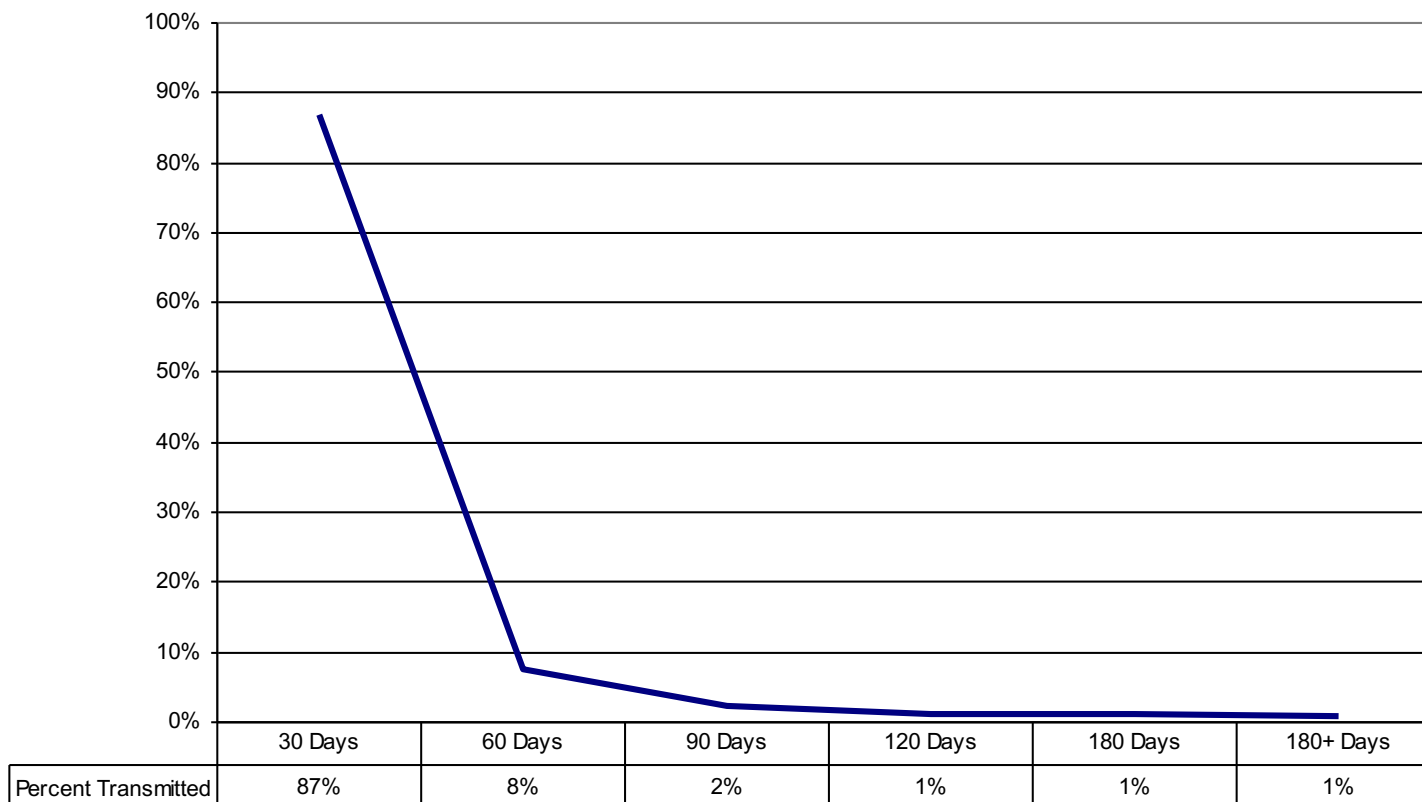
Data about average charges may not be an accurate representation of what individuals pay for hospital services. Hospitals care for patients with different levels of acuity, or severity of illness/injury, which can dramatically impact charges. Please compare the levels of acuity to see the difference this can make on charges. **Please contact facilities directly to discuss payment options and what you may be expected to pay.**

Knee Replacement

January 2016 - December 2016

Filter on Severity of Illness:  <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="button" value="Update Report"/>	Selected Hospital	All Hospitals in this Region 	All Hospitals with Similar Patient Volume 	All Nebraska Hospitals
 Number of Discharges	504	1,368	4,157	6,736
 Average Length of Stay	3 Day(s)	2.9 Day(s)	2.7 Day(s)	2.7 Day(s)
 Average Charge	\$49,179	\$43,769	\$48,392	\$47,498
 Median Charge	\$43,720	\$40,699	\$42,200	\$41,924

Transmission Lag



Questions

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