

State of Vermont

Green Mountain Care Board
Montpelier VT
USA

CONTRACT



Vendor ID 0000001303
Vermont Assoc of Hospitals & Health
148 Main St
Montpelier VT 05602
USA

Contract ID		Page
0000000000000000000026911		2 of 2
Contract Dates		Origin
07/01/2014 to 06/30/2016		GMC
Description:		Contract Maximum
GMCB		\$100,000.00
Buyer Name	Buyer Phone	Contract Status
Wortman, Linda	828-5684	Approved

Phone #:

Line #	Item ID	Item Desc	UOM	Unit Price	Max Qty	Max Amt
	(5)	List other attachments in order of precedence				
	(6)	Attachment B				
	(7)	Attachment E				
	(8)	Attachment F				
	(9)	Attachment G				
	(10)	Attachment H				

Distribution:
Vendor, GMCB

WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS CONTRACT

By the STATE of VERMONT

Date: 8/25/14
Signature: [Handwritten Signature]
Name: Susan Barrett

Title: Executive Director GMCB
Email: susan.barrett@state.vt.us

By the CONTRACTOR

Date: 7/31/2014
Signature: [Handwritten Signature]
Name: Michael Del Trecco

Title: Vice President of Finance
Email: Michael@VAHHS.org

Attachment A Work to be Performed

1. Introduction

1.1 Under Act 48 and 18 V.S.A. Sections 9405, 9406, 9410, 9453, and 9454, the Green Mountain Care Board (hereafter called "State" or "GMCB") has broad regulatory authority and responsibilities to maintain a health care database to support analyses of health care resources, expenditures and utilization. The health care database includes hospital data reported in uniform formats pertaining to financial, scope-of-services and utilization information. In order to discharge these responsibilities, the State requires Vermont's hospitals to file or make available to the State data, reports, schedules, statistics and other information determined by the State to be necessary (the "Necessary Data"). Necessary Data pertaining to the scope of work under this contract is detailed in Attachment E. Consistent with Section 6.1, the State may change the Necessary Data required under this contract through written notification to Contractor.

1.2 In executing this contract, Contractor represents and warrants that all of the hospitals listed below have agreed in writing to be bound by the terms of this contract. Contractor shall provide a copy of the signed addendum and Membership Agreement for each and every hospital upon request from the State. It is Contractor's sole responsibility to ensure that such hospitals are legally bound by this contract. Contractor shall notify the State as soon as practicable and, in no event, in more than 30 days if any of the hospitals listed below are not bound by the terms of this contract or of any other change in hospital obligation that would impact the State's ability to perform its statutory obligations pertaining to the acquisition of the Necessary Data. The fourteen Vermont hospitals for which Contractor is responsible for ensuring compliance with this contract are: Brattleboro Memorial Hospital, Central Vermont Medical Center, Carlos G. Otis Health Care Center, Copley Hospital, Fletcher Allen Health Care, Gifford Medical Center, Mt. Ascutney Hospital and Health Center, North Country Hospital, Northeastern Vermont Regional Hospital, Northwestern Medical Center, Porter Medical Center, Rutland Regional Medical Center, Southwestern Vermont Health Care, and Springfield Hospital (collectively "member hospitals").

2. Data Collection, Processing, and Aggregation Requirements; Hospital Record Coding Specifications, File Submission Requirements, and Documentation

2.1 Contractor shall collect, process, and aggregate inpatient, outpatient, and emergency department discharge records from member hospitals and provide files with Necessary Data to the State as specified under Attachment E and defined under Attachment F. Contractor shall ensure that member hospitals submit the

Necessary Data in an efficient, accurate, complete and timely manner that meets requirements for uniform coding and formatting.

- 2.1.1 Attachments E and F will be reviewed every 6 months or at the discretion of the GMCB. Contractor will have 90 days to comply with any updates to the file layout requested by the State.
- 2.2 In addition to the collection, processing, and aggregation of inpatient and emergency department records, Contractor shall collect, process, and aggregate outpatient records and submit to the State containing all the Necessary Data inclusive of all outpatient procedures and services performed in any hospital-based setting for delivery of ambulatory services including, but not limited to, operating rooms, emergency rooms, urgent treatment centers, examination and treatment rooms, clinics, surgical and ambulatory surgery centers. Contractor shall include HCPCS in the Necessary Data as required for revenue codes included in outpatient hospital discharge records under National Uniform Billing Committee Data Specification Manual. Contractor shall assign a principle procedure flag to every applicable outpatient record based on RBRVS weights assigned to HCPCS/CPT codes as described in the method for flagging principle outpatient procedures described in Attachment H.
- 2.3 Contractor shall collect, process, and aggregate the Necessary Data from member hospitals and submit files to the State beginning with the first hospital discharge record for January 1, 2014 and ending with the final discharge record for the first quarter of 2016 ending on March 31, 2016. Contractor shall submit all the Necessary Data to the State including diagnosis, procedure, and treatment detail as coded for billing purposes using ICD-9-CM (and ICD-10- CM codes when required by CMS), CPT/HCPC codes as used for billing for outpatient procedures and services, and 3-digit revenue codes in the format as required by Contractor for Vermont Explor©.
- 2.4 Contractor shall submit the Necessary Data along with data integrity reports as specified in section 3 of this contract to the State no later than the dates specified in the table below. Under this contract, the quarterly files are defined by the date of discharge within each calendar year for each record in the data set as follows: First quarter includes January 1 through March 31; second quarter includes April 1 through June 30; third quarter includes July 1 through September 30; and fourth quarter includes October 1 through December 31.
 - 2.4.1 Contractor shall resubmit files that have been updated past the dates of delivery identified in the Table 1 below or the dates of what resulted in file deliveries due to corrective actions and/or resubmissions from hospitals that significantly change the data in manner that improves data quality and accuracy.

Table 1: Schedule for Required File Submissions to State:

	Data Period	File Due Date
Data Year CY2014	First Quarter 2014	7/15/2014
	Second Quarter 2014	9/15/2014
	Third Quarter 2014	12/15/2014
	Draft Annual CY2014	3/15/2015
	Final Annual CY2014	6/15/2015
Data Year CY2015	First Quarter 2015	7/15/2015
	Second Quarter 2015	9/15/2015
	Third Quarter 2015	12/15/2015
	Draft Annual CY2015	3/15/2016
	Final Annual CY2015	6/15/2016
Data Year CY 2016	First Quarter 2016	6/15/2016

- 2.5 Contractor shall notify the State in writing regarding anticipated delays in meeting the file submission due dates stipulated in section 2.4, Table 1 no later than 30 days prior to each deadline. In written notification to the State regarding anticipated delays, Contractor shall include a detailed explanation including identification of the reasons for delayed delivery including specific issues and hospitals causing the delay, corrective actions being taken to rectify anticipated delays, and proposed alternative due dates for file submissions that are anticipated to be delayed.
- 2.6 In the event of unanticipated delays in meeting the file submission deadlines stipulated in sections 2.4, Table 1, Contractor shall notify the State within two (2) business days regarding the delay and provide a detailed written explanation within five (5) business days for delays anticipated to be more than 10 business days from file submission deadlines.
- 2.7 Failure of Contractor to comply with the submission requirements for the Necessary Data and/ or failure to notify the State as required in sections 2.5- 2.6 may, at the sole discretion of the State, be deemed a material breach of this contract. The State reserves the right to decrease payment for failure to provide the Necessary Data, as required by this contract, consistent with applicable law. Failure to meet deadlines and due dates as

outlined in these sections may result in up to a 10% reduction in overall payment for the calendar year of data impacted as specified in Attachment B.

- 2.8 Under the direction of the State, Contractor shall notify all member hospitals in writing regarding changes to the Necessary Data required by the State.
- 2.9 Contractor shall provide the State with current and updated data collection documentation including the file layout, data dictionary, data collection manual and any other pertinent documentation related to changes in the Uniform Billing Code (UBC) specifications and State data submission requirements. Updated data collection documentation shall also be available on the Vermont Explor © website.

3. Data Quality Assurance

- 3.1 Contractor shall apply record-level edits to the Necessary Data submitted by member hospitals and request corrections from each hospital to achieve acceptable error threshold determined at the time of review taking into consideration the circumstances related to the errors. Contractor will work with hospitals to achieve the thresholds outline in Attachment G, Section 3.5. Thresholds in Attachment G, Section 3.5 shall be applied on a hospital by hospital basis, not solely applied to the data set as a whole, to ensure that ultimately the data as a whole meets data quality standards for completeness, consistency across hospitals, and accuracy.
 - 3.1.1 Contractor shall prioritize compliance with submission requirements for complete, properly coded and accurate data elements with error thresholds of zero percent as identified in Attachment G. Contractor shall take timely and persistent actions to obtain corrections and data resubmissions from hospitals for edits coded as "0% required" that the State has identified as "fatal" errors. Contractor shall also pursue corrections from member hospitals for submission of a high number of records with poor quality data for data elements with higher level error thresholds that are also important components of the Necessary Data.
 - 3.1.2 Contractor shall notify the State in writing within 30 days from the date of notice to hospitals requesting corrections in the event that member hospitals do not respond to requests for corrections or refuse to make requested corrections to the Necessary Data. In written notification to the State, Contractor shall specify the data quality problem and actions taken to request corrections. Contractor shall attach copies of any written notification sent to hospitals requesting corrections.
 - 3.1.3 The record-level edits in Attachment G may be updated at any time with mutual agreement between the State and the Contractor.

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- 3.2 Contractor shall audit the data set as a whole on monthly, quarterly, and annual bases prior to submitting files to the State to identify potentially duplicate, missing, and miscoded records. Contractor shall edit and evaluate each hospital's data files, comparing the most current reporting period to prior comparable reports, to identify variations from expected patterns and trends including but not limited to record counts by bill type and setting; patient characteristics such as age, gender, and ZIP code distribution; payer mix; and utilization patterns by MDC, DRG, CCS, and CPT-grouped categories as applicable to identify notable variations.
 - 3.2.1 Contractor shall ensure that the files submitted to the State contain no duplicate records for the same patient per discharge and that the total charge equals the sum of all charges reported by revenue code categories on each record.
 - 3.2.2 Contractor shall follow up with each member hospital regarding notable variations from prior patterns and trends to obtain either an explanation or corrections in a timely manner. Contractor shall include this information on quarterly and annual data quality integrity reports provided to the State as provided in section 3.3.
- 3.3 Contractor shall provide quarterly and annual data integrity reports to the State including:
 - 3.3.1 Analysis of resolved and unresolved instances of failure to file the Necessary Data and or correct fatal errors by hospital; assessment of progress by hospitals in meeting goals for reduced error rates for edits that require 0% errors and for those with goals that contribute to overall data quality; corrective action taken by affected hospitals in response to Contractor's request for corrective actions for non-filing and/ or fatal errors; and final accounting of unresolved issues by hospital and for the hospital data set as a whole.
 - 3.3.2 Quarterly and annual analysis of validation reports that describe comparative trends and patterns in reporting by hospital and across the system for key attributes including but not limited to record counts by record type and setting; payer mix; patient characteristics including age, gender, and ZIP code distributions; distribution of discharges across diagnostic and procedure categories; distribution of charges across record types and diagnostic and procedure categories; comparison of total charges to the sum of revenue code charges by hospital and record type, etc. Contractor shall provide an executive summary on findings as described above addressing data integrity, reporting anomalies or actual changes in trends, steps taken on actionable items, and status report on pending issues.

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3.4 Contractor shall respond to the State's review and concerns addressing the data integrity finding described in section 3.3. Contractor shall consult with the State in a timely manner to address persistent and systemic data quality issues that threaten data integrity and delay timely availability of the Necessary Data to the State.

4. Other General Contract Requirements

4.1 Contractor shall provide a preliminary response to inquiries from the State related to the scope of work and any issues related to this contract within two business days and a detailed response within five business days, or within a State specified time frame that will ensure timely continuation of work.

4.2 Contractor shall establish and manage the Data Coordinators Group effective on the start date of this contract, and shall include the State as a member of the group. Contractor shall include the State in Data Coordinators Meetings that address the Necessary Data due to the State under this contract to meet the State's reporting mandate. Contractor shall convene the group as needed or as requested by the State to address the collection, processing, and aggregation of the Necessary Data addressing: (1) data integrity, completeness, and timeliness of reporting; (2) data requirements and definitions, coding, edits, error rates, corrections, recurring problems; and (3) any proposed changes to state-mandated hospital data reporting requirements. Contractor shall consult with the State before making any substantive or technical decisions affecting the scope, collection, processing, and aggregation of the Necessary Data.

4.3 Contractor shall participate in any group convened by the State to address the scope, collection, aggregation, and quality of the Necessary Data.

4.4 Contractor's President and Chief Executive Officer and the GMCB Chair, or their designees, shall consult during the term of this contract, as each party deems necessary, to address issues as requested by the State, Contractor, and/or member hospitals pertaining to state-mandated hospital reporting requirements.

4.5 State and Contractor shall work in good faith to meet the spirit and intent of the terms of this contract.

4.6 State shall pay fees to the Contractor as set forth in Attachment B only after delivery of the Necessary Data in accordance with the provisions set forth in this contract.

5. Confidentiality and Data Re-disclosure

5.1 The Contractor shall manage the Necessary Data collected on behalf of the State under this contract in accordance with applicable state and federal laws and rules

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addressing HIPAA and protection of individual identities and protected health information. Pursuant to 18 V.S.A. § 9457, all neither individual patients nor providers can be directly or indirectly identifiable through use of the Necessary Data. Starred ("*") items in Attachment E comprise the "non-public" data elements of the Necessary Data. Non-public data elements at a record level shall only be made available if the State grants a limited use data use agreement to a requestor. Release of data categorized as non-public shall be at the sole discretion of the State.

6. Modifications

- 6.1 The State reserves the right to modify the Necessary Data listed under Attachment E at any time, and shall give written notice of any such changes to Contractor at the address herein. The State's modifications to the Necessary Data listed under Attachment E, if any, shall be effective ninety (90) days after written notice has been sent.
- 6.2 Except as expressly stated in this subsection, only a written agreement signed by both Contractor and the State may modify this contract.

Attachment B
Payment Provisions

1. The maximum amount payable under this contract, including any and all expenses, is **\$100,000.00**.

The State agrees to pay Contractor in the amount of **\$ 50,000.00** for the Necessary Data itemized under Attachment E for hospital discharge data for calendar year 2014 in accordance with this contract and, upon receipt of an invoice showing that Contractor has submitted the Necessary Data according to the schedule identified in Section 2.4 Table 1.

The State agrees to pay Contractor in the amount of **\$ 50,000.00** for the Necessary Data itemized under Attachment E for hospital discharge data for calendar year 2015 and first quarter 2016 in accordance with this contract and, upon receipt of an invoice showing that Contractor has submitted the Necessary Data according to the schedule identified in Section 2.4 Table 1.

2. Payments for subcontractors will only be made upon approval by State (See Attachment C, #15).
3. The State shall reimburse Contractor for travel expenses utilizing the most current General Services Administration Per Diem Study for lodging, meals and incidentals. Expenses will not be reimbursed without prior written approval from the State.
4. Contractor will submit an invoice on an annual basis to the State for services provided and expenses incurred during the previous year. Invoice must include: unique invoice number; dates of service for specified contract deliverable; expenses itemized by specific for each invoicing period including project staff resources (number of hours x hourly rates); a list of other allowable expenses incurred; and the address for remittance of payment. A billing for mileage shall include the points of origin and destination and the number of miles traveled. Only actual charges will be paid.
5. Invoices shall be submitted to:

Janet Richard
Green Mountain Care Board
89 Main Street
Montpelier, VT 05620

6. Upon full payment by the State, all products of the Contractor's work, including outlines, reports, charts, sketches, drawings, art work, plans, photographs, specifications, estimates, computer programs, or similar documents, become the sole property of the State of Vermont and may not be copyrighted or resold by Contractor.

**ATTACHMENT C: STANDARD STATE PROVISIONS
FOR CONTRACTS AND GRANTS**

1. **Entire Agreement:** This Agreement, whether in the form of a Contract, State Funded Grant, or Federally Funded Grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.
2. **Applicable Law:** This Agreement will be governed by the laws of the State of Vermont.
3. **Definitions:** For purposes of this Attachment, "Party" shall mean the Contractor, Grantee or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement.
4. **Appropriations:** If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, and in the event federal funds become unavailable or reduced, the State may suspend or cancel this Grant immediately, and the State shall have no obligation to pay Subrecipient from State revenues.
5. **No Employee Benefits For Party:** The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the state withhold any state or federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.
6. **Independence, Liability:** The Party will act in an independent capacity and not as officers or employees of the State.

The Party shall defend the State and its officers and employees against all claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit.

After a final judgment or settlement the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party.

The Party shall indemnify the State and its officers and employees in the event that the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party.

7. **Insurance:** Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the state through the term of the Agreement. No warranty is made that the coverages and limits listed

herein are adequate to cover and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the contract, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations
Products and Completed Operations
Personal Injury Liability
Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Per Occurrence
\$1,000,000 General Aggregate
\$1,000,000 Products/Completed Operations Aggregate
\$ 50,000 Fire/ Legal/Liability

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000 combined single limit.

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

8. **Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all prior representations by the Party, including but not limited to bills, invoices, progress reports and other proofs of work.
9. **Requirement to Have a Single Audit:** In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, the Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends \$500,000 or more in federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

10. **Records Available for Audit:** The Party will maintain all books, documents, payroll papers, accounting records and other evidence pertaining to costs incurred under this agreement and make them available at reasonable times during the period of the Agreement

and for three years thereafter for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved. The State, by any authorized representative, shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed under this Agreement.

11. Fair Employment Practices and Americans with Disabilities Act: Party agrees to comply with the requirement of Title 21V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement. Party further agrees to include this provision in all subcontracts.

12. Set Off: The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

13. Taxes Due to the State:

- a. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
- b. Party certifies under the pains and penalties of perjury that, as of the date the Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
- c. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.
- d. Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

14. Child Support: (Applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date the Agreement is signed, he/she:

- a. is not under any obligation to pay child support; or
- b. is under such an obligation and is in good standing with respect to that obligation; or
- c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

- 15. Sub-Agreements:** Party shall not assign, subcontract or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party also agrees to include in all subcontract or subgrant agreements a tax certification in accordance with paragraph 13 above.
- 16. No Gifts or Gratuities:** Party shall not give title or possession of any thing of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.
- 17. Copies:** All written reports prepared under this Agreement will be printed using both sides of the paper.
- 18. Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.
- Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing/debarment>
- 19. Certification Regarding Use of State Funds:** In the case that Party is an employer and this Agreement is a State Funded Grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.

(End of Standard Provisions)

Attachment D
Other Contract Provisions

1. Confidentiality. Contractor agrees to keep information related to the State and all agencies and companies related to this contract confidential and agrees not to use any information obtained in relation to the services performed under this contract for any purpose other than as authorized by the State. Contractor agrees not to publish, reproduce, or otherwise divulge such information in whole or in part, in any manner or form or authorize or permit others to do so. Contractor will take reasonable measures as are necessary to restrict access to confidential information in the Contractor's possession to those employees who must have the information to perform their job. Contractor agrees to immediately notify, in writing, the State's authorized representative in the event Contractor determines or has reason to suspect a breach of this requirement.
2. Obligations Regarding Protected Information. Contractor shall assure compliance by the State and Contractor of any and all obligations the State or Contractor may have under HIPAA and any other applicable state or federal law regarding protected health, personal, or otherwise confidential information.
3. Security. Contractor shall maintain security and confidentiality policies and procedures consistent with industry standards with regard to the information obtained from regulated entities. Contractor shall have recovery procedures in place to handle replacement of data in the event of a disaster.
4. Conflicts of Interest. If the State determines that a conflict of interest, as defined by the State, exists between a regulated entity and a member or members of the Contractor's staff, the Contractor shall substitute similarly qualified individuals for the conflicted members. If the State determines that a conflict of interest, as determined by the State, exists between Contractor and a regulated entity, the State may immediately remove that assignment from the Contractor, or may invoke its right to terminate this contract pursuant to paragraph 7 on page 1 of this contract. The State reserves the right to make the ultimate determination as to whether a conflict of interest exists.
5. Protection of Personal Information. Contractor agrees to establish and maintain policies and procedures designed to ensure compliance with 9 V.S.A. Chapter 62 (Protection of Personal Information) with respect to data collected in connection with Contractor's activities pursuant to the Contract.
6. Prior Approval of Workers. The state shall have the right to approve any personnel the Contractor proposes to assign to work requested by the State prior to the commencement of such work. If the proposed personnel of the Contractor are not acceptable to the State, the State may choose to withdraw the assignment of such work from the Contractor, and Contractor will assign personnel acceptable to the State.

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7. Intellectual Property/Work Product Ownership. All data, technical information, materials first gathered, originated, developed, prepared, or obtained as a condition of this agreement and used in the performance of this agreement—including, but not limited to all reports, surveys, plans, charts, literature, brochures, mailings, recordings (video or audio), pictures, drawings, analyses, graphic representations, software computer programs and accompanying documentation and printouts, notes and memoranda, written procedures and documents, which are prepared for or obtained specifically for this agreement, or are a result of the services required under this grant—shall be considered “work for hire” and remain the property of the State of Vermont, regardless of the state of completion, unless otherwise specified in this agreement. Such items shall be delivered to the State of Vermont upon 30 days notice by the State. With respect to software computer programs and/or source codes first developed for the State, all the work shall be considered “work for hire,” i.e., the State, not the Contractor, shall have full and complete ownership of all software computer programs, documentation and/or source codes developed.

The Contractor shall not sell or copyright a work product or item produced under this agreement without explicit permission from the State. If the Contractor is operating a system or application on behalf of the State of Vermont, then the Contractor shall not make information entered into the system or application available for uses by any other party than the State of Vermont, without prior authorization by the State. Nothing herein shall entitle the State to pre-existing Contractor's materials.

**ATTACHMENT E
NECESSARY DATA**

Field Name	Field Description	Inpatient Discharges	Outpatient Discharges	Emergency Department Discharges**	Special Notes
NPI	National Provider ID	●	●	●	
MRN	Medical Record Number*	●	●	●	
DKEY	Discharge Key	●	●	●	
BTYPE	Bill Type	●	●	●	
HOSP	Hospital Number	●	●	●	
AHR	Admission Hour*	●	●	●	
DDAT	Discharge Date (MMDDYYYY)*	●	●	●	
ADAT	Admission Date (MMDDYYYY)*	●	●	●	
DOB	Birth date (MMDDYYYY)*	●	●	●	
ACON	Admission Type	●	●	●	
AFRO	Admission Source	●	●	●	
READ	Readmission*	●			
ZIP	Zip Code*	●	●	●	
CODE	Town Code*	●	●	●	
SEX	Sex Code	●	●	●	
RACE	Race Code*	●	●	●	
ETHNICITY	ETHNICITY Code*	●	●	●	
DISP	Discharge Status	●	●	●	
PPAY	Principal Payment Source	●	●	●	
SPAY	Secondary Payer	●	●	●	
CHRG	Total Charges	●	●	●	
APHY	Attending Physician*	●	●	●	Attending Physician - NPI
OPERP	Operating Physician*	●	●	●	Operating Physician - NPI New!
OPHY1	Other Physician 1*	●	●	●	Other Physician - NPI**
OPHY2	Other Physician 2*	●	●	●	Other Physician - NPI**
SCUD	SCU Days	●			
DRG	CMS Diagnosis Related Group	●			
MDC	CMS Major Diagnostic Category	●			
ECODE1	1st ECODE	●			Not collected for OBS
ECODE2	2nd ECODE	●			
ECODE3	3rd ECODE	●			
REASON	Reason for Visit	●	●	●	
ADX	Admitting Diagnosis Code	●	●	●	
PDX	Principal Diagnosis Code	●	●	●	
PDXPOA	Principal Diagnosis POA	●			
DX2	Second Diagnosis Code	●	●	●	Required if applicable
DX3	Third Diagnosis Code	●	●	●	Required if applicable

STATE OF VERMONT
STANDARD CONTRACT FOR SERVICES

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DX4	Fourth Diagnosis Code	●	●	●	Required if applicable
DX5	Fifth Diagnosis Code	●	●	●	Required if applicable
DX6	Sixth Diagnosis Code	●	●	●	Required if applicable
DX7	Seventh Diagnosis Code	●	●	●	Required if applicable
DX8	Eighth Diagnosis Code	●	●	●	Required if applicable
DX9	Ninth Diagnosis Code	●	●	●	Required if applicable
DX10	Tenth Diagnosis Code	●	●	●	Required if applicable
DX11	Eleventh Diagnosis Code	●	●	●	Required if applicable
DX12	Twelfth Diagnosis Code	●	●	●	Required if applicable
DX13	Thirteenth Diagnosis Code	●	●	●	Required if applicable
DX14	Fourteenth Diagnosis Code	●	●	●	Required if applicable
DX15	Fifteenth Diagnosis Code	●	●	●	Required if applicable
DX16	Sixteenth Diagnosis Code	●	●	●	Required if applicable
DX17	Seventeenth Diagnosis Code	●	●	●	Required if applicable
DX18	Eighteenth Diagnosis Code	●	●	●	Required if applicable
DX19	Nineteenth Diagnosis Code	●	●	●	Required if applicable
DX20	Twentieth Diagnosis Code	●	●	●	Required if applicable
DX2POA – DX20POA	2 nd – 20 th Diagnosis POA	●			Required if applicable
PPX	Principal Procedure Code	●			
PPD	Principal Procedure Date*	●			
PX2	Second Procedure Code	●			Required if applicable
PX2D	Second Procedure Date*	●			Required if applicable
PX3	Third Procedure Code	●			Required if applicable
PX3D	Third Procedure Date*	●			Required if applicable
PX4	Fourth Procedure Code	●			Required if applicable
PX4D	Fourth Procedure Date*	●			Required if applicable
PX5	Fifth Procedure Code	●			Required if applicable
PX5D	Fifth Procedure Date*	●			Required if applicable
PX6	Sixth Procedure Code	●			Required if applicable
PX6D	Sixth Procedure Date*	●			Required if applicable
PX7	Seventh Procedure Code	●			Required if applicable
PX7D	Seventh Procedure Date*	●			Required if applicable
PX8	Eighth Procedure Code	●			Required if applicable
PX8D	Eighth Procedure Date*	●			Required if applicable
PX9	Ninth Procedure Code	●			Required if applicable
PX9D	Ninth Procedure Date*	●			Required if applicable
PX10	Tenth Procedure Code	●			Required if applicable
PX10D	Tenth Procedure Date*	●			Required if applicable
PX11	Eleventh Procedure Code	●			Required if applicable
PX11D	Eleventh Procedure Date*	●			Required if applicable
PX12	Twelfth Procedure Code	●			Required if applicable
PX12D	Twelfth Procedure Date*	●			Required if applicable
PX13	Thirteenth Procedure Code	●			Required if applicable
PX13D	Thirteenth Procedure Date*	●			Required if applicable
PX14	Fourteenth Procedure Code	●			Required if applicable

STATE OF VERMONT
STANDARD CONTRACT FOR SERVICES

Contract #: 26911

PX14D	Fourteenth Procedure Date*	●			Required if applicable
PX15	Fifteenth Procedure Code	●			Required if applicable
PX15D	Fifteenth Procedure Date*	●			Required if applicable
PX16	Sixteenth Procedure Code	●			Required if applicable
PX16D	Sixteenth Procedure Date*	●			Required if applicable
PX17	Seventeenth Procedure Code	●			Required if applicable
PX17D	Seventeenth Procedure Date*	●			Required if applicable
PX18	Eighteenth Procedure Code	●			Required if applicable
PX18D	Eighteenth Procedure Date*	●			Required if applicable
PX19	Nineteenth Procedure Code	●			Required if applicable
PX19D	Nineteenth Procedure Date*	●			Required if applicable
PX20	Twentieth Procedure Code	●			Required if applicable
PX20D	Twentieth Procedure Date*	●			Required if applicable
AGE	AGE*	●	●	●	
LOS	Length of Stay	●	●	●	
BIRTHWT	Birth weight of Newborn*	●			
UNIQ	Unique Record ID to link REV	●	●	●	
OVFLAG	Observation Bed Flag	●	●	●	Required if applicable
OSFLAG	Outpatient Surgery Flag		●	●	Required if applicable
EVFLAG	Emergency Dept. Flag	●	●	●	Required if applicable
PVFLAG	Cancelled Procedure Flag	●	●	●	Required if applicable
HCPCS	HCPCS CPTCODE/RATE	●	●	●	All applicable codes
REVCODE	Revenue Code	●	●	●	All applicable codes
REVCHRG					All applicable codes
S	Revenue Charges	●	●	●	
REVDTE	Revenue Date*	●	●	●	All applicable codes
REVUNITS	Revenue Units	●	●	●	All applicable codes
HCPCS	HCPCS/CPTCODE/INP Rate	●	●	●	All applicable codes
LANG	Language*	●	●	●	Added starting 2011

* Are codes that are not available in the Public Use File.

** Outpatient records will include HCPCS as required for revenue codes on outpatient records.



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013						
Record Name: Inpatient Data File						
Legend: ! A = Alpha N = Numeric b = Blank AN = Alphanumeric						
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Valid Contents
1	9	AN	FILLER	Blank fill	-	Recorded
10	3	N	BTYPE	Bill Type	-	111 = Hospital based, inpatient, final bill 117 = Hospital based, inpatient, Replacement 121 = Hospital based, inpatient, final bill Part B 127 = Hospital based, inpatient Replacement Part B
13	4	N	HOSP	Hospital Number (Inpatient and Ambulatory Surgery)	-	6950 = Central Vermont Medical Center 6952 = Southwest Medical Center 6953 = Brattleboro Memorial Hospital 6954 = Fletcher Allen Health Care 6955 = Copley Hospital 6956 = North Country Hospital 6957 = Gifford Medical Center 6958 = Rutland Regional Medical Center 6959 = Northwest Medical Center 6961 = Northeastern Vermont Regional Hospital 6962 = Springfield Hospital 6963 = Otis Medical Center 6964 = Mt. Ascutney Hospital 6967 = Porter Medical Center 5188 = Veterans' Affairs Medical Center
17	2	N	AHR	Admission Hour	-	00 -23



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric				VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
19	8	AN	DDAT	Discharge Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
27	8	AN	ADAT	Admission Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
35	8	AN	DOB	Birth Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
43	1	N	ACON	Admission Type	0	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 9 = Information Not Available
44	1	AN	AFRO	Admission Source	0	1 = Non-Healthcare Facility Point of Origin 2 = Clinic 4 = Transfer from a Hospital (Different Facility) 5 = Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) 6 = Transfer from Another Healthcare Facility 8 = Court/Law Enforcement 9 = Information Not Available D = Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer E = Transfer from Ambulatory Surgery Center F = Transfer from Hospice and is under a hospice plan of care or enrolled in a hospice program For Newborns Only: 5 = Born inside this hospital 6 = Born outside of this hospital



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013						
Record Name: Inpatient Data File						
Legend: A = Alpha N = Numeric # = Blank AN = Alphanumeric						
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
45	1	AN	READ	Readmission	0	Y = Yes N = No U = Unknown
46	9	AN	ZIP	Zip Code		Standard US or Canadian ZIP code XXXXXX - Other Foreign resident YYYYYY - Unknown ZZZZZ - Homeless
55	4	N	CODE	Town Code	0	EC = 0 - 9
59	1	AN	SEX	Sex Code	0	M = Male F = Female U = Unknown
60	1	N	RACE	Race Code	0	1 = American Indian/Alaska Native 2 = Asian or Pacific Islander 3 = Black/Non-Hispanic 4 = White/Non-Hispanic 5 = Other Race 6 = Unknown 7 = Hispanic-White 8 = Hispanic-Black 9 = Multiple Selections



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric				VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
61	2	N	DISP (DSTAT)	Discharge Status	0	1 = Discharged to home or self care (routine discharge) 2 = Discharged/transferred to another short term general hospital 3 = Discharged/transferred to skilled nursing facility 4 = Discharged/transferred to cancer facility or children's hospital 5 = Discharged/transferred to another facility 6 = Discharged/transferred to home under home health service organization 7 = Left against medical advice or discontinued care 9 = Admitted as Inpatient to this hospital 20 = Expired 21 = Discharged/transferred to court/law enforcement 30 = Still a patient 41 = Hospice patient expired in a medical facility such as a hospital, SNF, ICF or freestanding hospice 43 = Discharged or transferred to a Federal Hospital 50 = Hospice - home 51 = Hospice - medical facility 61 = Discharged/transferred within this institution to hospital-based Medicare approved Swing bed. 62 = Discharged/transferred to another type of institution for inpatient care or referred for Rehabilitation Services 63 = Discharged/transferred to another type of institution or referred for Long Term Care Services. 64 = Discharged/transferred to a nursing facility cert. under Medicaid, but not Medicare 65 = Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital 66 = Discharged to Critical Access Hospital



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013			
Record Name: Inpatient Data File			
Legend: A = Alpha N = Numeric * = Blank AN = Alphanumeric			
Starting Position	Length Chars	Field Type	Field Name
			English Description
			Not Recorded
			Recorded
			70 = Other Facility not defined on this list 99 = Unknown
			VALID CONTENTS



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

Legend: ! A = Alpha N = Numeric b = Blank AN = Alphanumeric				VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
63	2	AN	PPAY	Principal Payment Source	0	B = Blue Cross/Blue Shield <u>Sub ID Definitions</u> 1001 = Maine 1002 = Massachusetts 1003 = National 1004 = New Hampshire 1005 = New York 1006 = Vermont 9009 = Other C = Champus <u>Sub ID Definitions</u> 8888 = No Sub IDs D = Medicaid <u>Sub ID Definitions</u> 1001 = Maine 1002 = Massachusetts 1004 = New Hampshire 1005 = New York 1006 = Vermont 2001 = BC 2002 = CHP Kaiser 2003 = VHAP 9009 = Other E = Other Government Plans <u>Sub ID Definitions</u> 8888 = No Sub IDs



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

			VALID CONTENTS		
Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric					
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded
65	4	N	SUBP1	Principal Payer Sub ID	0
69	2	AN	PAYR2	Secondary Payer	0
71	4	N	SUBP2	Secondary Payer Sub ID	0
75	2	AN	PAYR3	Tertiary Payer	0
77	4	N	SUBP3	Tertiary Payer Sub ID	0
81	10	N	CHRG	Total Charges	0
91	22	AN	APHY	Attending Physician	0
113	22	AN	OPERP	Operating Physician	0
135	22	AN	OPHY1	Other Physician 1	0
157	22	AN	OPHY2	Other Physician 2	0
179	2	N	SCUD	SCU Days	0
181	3	N	DRG	CMS Diagnosis Related Group	0
184	2	AN	MDC	CMS Major Diagnostic Category	0
186	7	AN	ADMDX	Admitting Diagnosis Code	b
193	7	AN	ECODE1	ECODE1	b
200	1	AN	EPOA1	Present on Admission Code for ECODE1	b
201	7	AN	ECODE2	ECODE2	b
208	1	AN	EPOA2	POA code for ECODE2	b
209	7	AN	ECODE3	ECODE3	b
216	1	AN	EPOA3	POA code for ECODE3	b
217	7	AN	PDX	Principal Diagnosis Code	b
224	1	AN	DPOA1	POA code for Principal Diagnosis	b
225	7	AN	DX2	Second Diagnosis Code	b
232	1	AN	DPOA2	POA code for DX2	b
233	7	AN	DX3	Third Diagnosis Code	b
240	1	AN	DPOA3	POA code for DX3	b

Recorded

See Principal Payment Source Contents for Sub ID definitions

See Principal Payment Source Contents for Payer Code definitions

See Principal Payment Source Contents for Sub ID definitions

See Principal Payment Source Contents for Payer Code definitions

See Principal Payment Source Contents for Sub ID definitions

Number, includes two digit decimal

Attending Physician - NPI

Operating Physician - NPI

Other Physician - NPI

Other Physician - NPI

00 - 99

000 - 999 (Valid DRG based on fiscal year)

00 - 99 (Valid MDC based on fiscal year)

ICD-9-CM Code

ICD-9-CM Code

POA Code



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric				VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
241	7	AN	DX4	Fourth Diagnosis Code	b	ICD-9-CM Code
248	1	AN	DPOA4	POA code for DX4	b	POA Code
249	7	AN	DX5	Fifth Diagnosis Code	b	ICD-9-CM Code
256	1	AN	DPOA5	POA code for DX5	b	POA Code
257	7	AN	DX6	Sixth Diagnosis Code	b	ICD-9-CM Code
264	1	AN	DPOA6	POA code for DX6	b	POA Code
265	7	AN	DX7	Seventh Diagnosis Code	b	ICD-9-CM Code
272	1	AN	DPOA7	POA code for DX7	b	POA Code
273	7	AN	DX8	Eighth Diagnosis Code	b	ICD-9-CM Code
280	1	AN	DPOA8	POA code for DX8	b	POA Code
281	7	AN	DX9	Ninth Diagnosis Code	b	ICD-9-CM Code
288	1	AN	DPOA9	POA code for DX9	b	POA Code
289	7	AN	DX10	Tenth Diagnosis Code	b	ICD-9-CM Code
296	1	AN	DPOA10	POA code for DX10	b	POA Code
297	7	AN	DX11	Eleventh Diagnosis Code	b	ICD-9-CM Code
304	1	AN	DPOA11	POA code for DX11	b	POA Code
305	7	AN	DX12	Twelfth Diagnosis Code	b	ICD-9-CM Code
312	1	AN	DPOA12	POA code for DX12	b	POA Code
313	7	AN	DX13	Thirteenth Diagnosis Code	b	ICD-9-CM Code
320	1	AN	DPOA13	POA code for DX13	b	POA Code
321	7	AN	DX14	Fourteenth Diagnosis Code	b	ICD-9-CM Code
328	1	AN	DPOA14	POA code for DX14	b	POA Code
329	7	AN	DX15	Fifteenth Diagnosis Code	b	ICD-9-CM Code
336	1	AN	DPOA15	POA code for DX15	b	POA Code
337	7	AN	DX16	Sixteenth Diagnosis Code	b	ICD-9-CM Code
344	1	AN	DPOA16	POA code for DX16	b	POA Code



Record Name: Inpatient Data File				VALID CONTENTS	
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded
345	7	AN	DX17	Seventeenth Diagnosis Code	b
352	1	AN	DPOA17	POA code for DX17	b
353	7	AN	DX18	Eighteenth Diagnosis Code	b
360	1	AN	DPOA18	POA code for DX18	b
361	7	AN	DX19	Nineteenth Diagnosis Code	b
368	1	AN	DPOA19	POA code for DX19	b
369	7	AN	DX20	Twentieth Diagnosis Code	b
376	1	AN	DPOA20	POA code fro DX20	b
377	7	AN	PPX	Principal Procedure Code	b
384	8	AN	PPD	Principal Procedure Date	-
392	7	AN	PX2	Second Procedure Code	b
399	8	AN	PX2D	Second Procedure Date	-
407	7	AN	PX3	Third Procedure Code	b
414	8	AN	PX3D	Third Procedure Date	-
422	7	AN	PX4	Fourth Procedure Code	b
429	8	AN	PX4D	Fourth Procedure Date	-
437	7	AN	PX5	Fifth Procedure Code	b
444	8	AN	PX5D	Fifth Procedure Date	-
452	7	AN	PX6	Sixth Procedure Code	b
459	8	AN	PX6D	Sixth Procedure Date	-
467	7	AN	PX7	Seventh Procedure Code	b
474	8	AN	PX7D	Seventh Procedure Date	-
482	7	AN	PX8	Eighth Procedure Code	b
489	8	AN	PX8D	Eighth Procedure Date	-
497	7	AN	PX9	Ninth Procedure Code	b
504	8	AN	PX9D	Ninth Procedure Date	-

ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Legend: ! A = Alpha N = Numeric b = Blank AN = Alphanumeric



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

Legend: ! A = Alpha N = Numeric b = Blank AN = Alphanumeric			VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded
512	7	AN	PX10	Tenth Procedure Code	b
519	8	AN	PX10D	Tenth Procedure Date	-
527	7	AN	PX11	Eleventh Procedure Code	b

Recorded

ICD-9-CM Code

MM = 01-12 DD = 01-31, YYYY = 0000 - 9999

ICD-9-CM Code



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013				VALID CONTENTS		
Record Name: Inpatient Data File						
Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric						
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
534	8	AN	PX11D	Eleventh Procedure Date	-	MM = 01-12 DD = 01-31, YYYY = 0000 - 9999
542	7	AN	PX12	Twelfth Procedure Code	b	ICD-9-CM Code
549	8	AN	PX12D	Twelfth Procedure Date	-	MM = 01-12 DD = 01-31, YYYY = 0000 - 9999
557	7	AN	PX13	Thirteenth Procedure Code	b	ICD-9-CM Code
564	8	AN	PX13D	Thirteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
572	7	AN	PX14	Fourteenth Procedure Code	b	ICD-9-CM Code
579	8	AN	PX14D	Fourteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
587	7	AN	PX15	Fifteenth Procedure Code	b	ICD-9-CM Code
594	8	AN	PX15D	Fifteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
602	7	AN	PX16	Sixteenth Procedure Code	b	ICD-9-CM Code
609	8	AN	PX16D	Sixteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
617	7	AN	PX17	Seventeenth Procedure Code	b	ICD-9-CM Code
624	8	AN	PX17D	Seventeenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
632	7	AN	PX18	Eighteenth Procedure Code	b	ICD-9-CM Code
639	8	AN	PX18D	Eighteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
647	7	AN	PX19	Nineteenth Procedure Code	b	ICD-9-CM Code
654	8	AN	PX19D	Nineteenth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
662	7	AN	PX20	Twentieth Procedure Code	b	ICD-9-CM Code
669	8	AN	PX20D	Twentieth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
677	3	N	AGE	AGE	b	EC = 0-9
680	3	N	LOS	Length of Stay	-	EC = 0-9 999 = 999 days or longer



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013						
Record Name: Inpatient Data File						
Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric						
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
683	30	AN	DKEY	Discharge Key	b	<u>Unique identifier within each hospital</u>
713	1	AN	TYPE_O	Observation revenue code is present (760 or 762) on any record type	-	<u>1 = True 0 = False</u>
714	1	AN	TYPE_E	Emergency Room revenue code is present (45x) on any record type	-	<u>1 = True 0 = False</u>
715	1	AN	Cancelled_PX	A procedure was cancelled (presence of V641, V642, or V643 among px fields)	-	<u>1 = True 0 = False</u>
716	5	AN	BirthWeight	Birth weight in grams of newborns	-	Integer greater than, zero
721	10	AN	Uniq	Unique record identifier for linking to the revenue file	n/a	Sequential integer
731	15	AN	NPI	National Provider ID		
746	1	N	ETHNICITY	Ethnicity Code		1 = Hispanic 2 = Non-Hispanic 0 = Unknown
747	7	AN	REASON	Reason for Visit		UB-04 FL 70 Patient Reason DX
754	24	AN	MRN	Medical Record Number		



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric

Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
						VALID CONTENTS

ATTACHMENT F2 - RECORD DESCRIPTION AND FILE LAYOUT: OUTPATIENT Updated 10/31/2013

Record Name: Outpatient Data File

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric

Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
1	9	AN	FILLER	Blank fill		
10	3	N	BTYPE	Bill Type		131 = Hospital based, outpatient, final bill 132 = Outpatient Interim - First Claim 133 = Outpatient Interim - Continuing Claims 134 = Outpatient Interim - Last Claim 137 = Hospital based, outpatient Replacement 141 = Hospital based, laboratory final bill 147 = Hospital based, laboratory Replacement 181 = Swing Bed final bill 187 = Swing Bed Replacement 721 = Hospital Renal Dialysis Clinic 727 = Hospital Renal Dialysis Replacement 831 = Ambulatory 837 = Ambulatory Replacement 851 = Critical Access 857 = Critical Access Replacement



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

Legend: ! A = Alpha N = Numeric b = Blank AN = Alphanumeric				VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
13	4	N	HOSP	Hospital Number (Inpatient and Ambulatory Surgery)	-	6950 = Central Vermont Medical Center 6952 = Southwest Medical Center 6953 = Brattleboro Memorial Hospital 6954 = Fletcher Allen Health Care 6955 = Copley Hospital 6956 = North Country Hospital 6957 = Gifford Medical Center 6958 = Rutland Regional Medical Center 6959 = Northwest Medical Center 6961 = Northeastern Vermont Regional Hospital 6962 = Springfield Hospital 6963 = Otis Medical Center 6964 = Mt. Ascutney Hospital 6967 = Porter Medical Center 5188 = Veterans' Affairs Medical Center



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013				VALID CONTENTS		
Record Name: Inpatient Data File						
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
17	2	N	AHR	Admission Hour	-	00 -23
19	8	AN	DDAT	Discharge Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
27	8	AN	ADAT	Admission Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
35	8	AN	DOB	Birth Date (MMDDYYYY)	0	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
43	1	N	ACON	Admission Type	0	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 9 = Information Not Available
44	1	AN	AFRO	Admission Source	0	1 = Non-Healthcare Facility Point of Origin 2 = Clinic 4 = Transfer from a Hospital (Different Facility) 5 = Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) 6 = Transfer from Another Healthcare Facility 8 = Court/Law Enforcement 9 = Information Not Available D = Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer E = Transfer from Ambulatory Surgery Center F = Transfer from Hospice and is under a hospice plan of care or enrolled in a hospice program For Newborns Only: 5 = Born inside this hospital 6 = Born outside of this hospital
45	1	AN	READ	Readmission	0	Y = Yes



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013						
Record Name: Inpatient Data File						
Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric						
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
46	9	AN	ZIP	Zip Code		N = No U = Unknown
55	4	N	CODE	Town Code	0	Standard US or Canadian ZIP code XXXXX - Other Foreign resident
59	1	AN	SEX	Sex Code	0	YYYYY - Unknown ZZZZZ - Homeless
						EC = 0 - 9 M = Male
						F = Female U = Unknown
60	1	N	RACE	Race Code	0	1 = American Indian/Alaska Native 2 = Asian or Pacific Islander 3 = Black/Non-Hispanic 4 = White/Non-Hispanic 5 = Other Race 6 = Unknown 7 = Hispanic-White 8 = Hispanic-Black 9 = Multiple Selections
61	2	N	DISP (DSTAT)	Discharge Status	0	1 = Discharged to home or self care (routine discharge) 2 = Discharged/transferred to another short term general hospital 3 = Discharged/transferred to skilled nursing facility 4 = Discharged/transferred to cancer facility or children's hospital 5 = Discharged/transferred to another facility 6 = Discharged/transferred to home under home health service organization 7 = Left against medical advice or discontinued care



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

VALID CONTENTS			
Starting Position	Length Chars	Field Type	Field Name
63	2	AN	PPAY
		English Description	Principal Payment Source
		Not Recorded	0
		Recorded	B = Blue Cross/Blue Shield <u>Sub ID Definitions</u> 1001 = Maine 1002 = Massachusetts 1003 = National 1004 = New Hampshire 1005 = New York 1006 = Vermont 9009 = Other C = Campus <u>Sub ID Definitions</u> 8888 = No Sub IDs D = Medicaid <u>Sub ID Definitions</u> 1001 = Maine 1002 = Massachusetts 1004 = New Hampshire 1005 = New York 1006 = Vermont 2001 = BC 2002 = CHP Kaiser 2003 = VHAP 9009 = Other E = Other Government Plans <u>Sub ID Definitions</u> 8888 = No Sub IDs



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric			VALID CONTENTS				
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded	
						H = HMO <u>Sub ID Definitions</u> 2002 = CHP Kaiser 3001 = Healthsource/Cigna 3002 = TVHP 3003 = Mathew Thronton 3004 = MVHP 9009 = Other I = Commercial <u>Sub ID Definitions</u> 8888 = No Sub IDs M = Medicare <u>Sub ID Definitions</u> 4001 = Standard Managed Care 4002 = Managed Care P = Self Pay <u>Sub ID Definitions</u> 8888 = No Sub IDs W = Workers Comp <u>Sub ID Definitions</u> 8888 = No Sub IDs Z = Medically Indigent/Free <u>Sub ID Definitions</u> 8888 = No Sub IDs U = Unknown <u>Sub ID Definitions</u> 8888 = No Sub IDs	



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File				VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
65	4	N	SUBP1	Principal Payer Sub ID	0	See Principal Payment Source Contents for Sub ID definitions
69	2	AN	PAYR2	Secondary Payer	0	See Principal Payment Source Contents for Payer Code definitions
71	4	N	SUBP2	Secondary Payer Sub ID	0	See Principal Payment Source Contents for Sub ID definitions
75	2	AN	PAYR3	Tertiary Payer	0	See Principal Payment Source Contents for Payer Code definitions
77	4	N	SUBP3	Tertiary Payer Sub ID	0	See Principal Payment Source Contents for Sub ID definitions
81	10	N	CHRG	Total Charges	0	Number, includes two digit decimal
91	22	AN	APHY	Attending Physician	0	Attending Physician - NPI
113	22	AN	OPERP	Operating Physician	0	Operating Physician - NPI
135	22	AN	OPHY1	Other Physician 1	0	Other Physician - NPI
157	22	AN	OPHY2	Other Physician 2	0	Other Physician - NPI
179	2	N	SCUD	SCU Days	0	00 - 99
181	7	AN	ADMIX	Admitting Diagnosis Code	b	ICD-9-CM Code
188	7	AN	ECODE1	ECODE1	b	ICD-9-CM Code
195	1	AN	EPOA1	Present on Admission Code for ECODE1	b	POA Code
196	7	AN	ECODE2	ECODE2	b	ICD-9-CM Code
203	1	AN	EPOA2	POA code for ECODE2	b	POA Code
204	7	AN	ECODE3	ECODE3	b	ICD-9-CM Code
211	1	AN	EPOA3	POA code for ECODE3	b	POA Code
212	7	AN	PDX	Principal Diagnosis Code	b	ICD-9-CM Code
219	7	AN	DX2	Second Diagnosis Code	b	ICD-9-CM Code
226	7	AN	DX3	Third Diagnosis Code	b	ICD-9-CM Code
233	7	AN	DX4	Fourth Diagnosis Code	b	ICD-9-CM Code
240	7	AN	DX5	Fifth Diagnosis Code	b	ICD-9-CM Code
247	7	AN	DX6	Sixth Diagnosis Code	b	ICD-9-CM Code
254	7	AN	DX7	Seventh Diagnosis Code	b	ICD-9-CM Code
261	7	AN	DX8	Eighth Diagnosis Code	b	ICD-9-CM Code



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File				VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
268	7	AN	DX9	Ninth Diagnosis Code	b	ICD-9-CM Code
275	7	AN	DX10	Tenth Diagnosis Code	b	ICD-9-CM Code
282	7	AN	DX11	Eleventh Diagnosis Code	b	ICD-9-CM Code
289	7	AN	DX12	Twelfth Diagnosis Code	b	ICD-9-CM Code
296	7	AN	DX13	Thirteenth Diagnosis Code	b	ICD-9-CM Code
303	7	AN	DX14	Fourteenth Diagnosis Code	b	ICD-9-CM Code
310	7	AN	DX15	Fifteenth Diagnosis Code	b	ICD-9-CM Code
317	7	AN	DX16	Sixteenth Diagnosis Code	b	ICD-9-CM Code
324	7	AN	DX17	Seventeenth Diagnosis Code	b	ICD-9-CM Code
331	7	AN	DX18	Eighteenth Diagnosis Code	b	ICD-9-CM Code
338	7	AN	DX19	Nineteenth Diagnosis Code	b	ICD-9-CM Code
345	7	AN	DX20	Twentieth Diagnosis Code	b	ICD-9-CM Code
352	7	AN	PPX	Principal Procedure Code	b	ICD-9-CM Code
359	8	AN	PPD	Principal Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
367	7	AN	PX2	Second Procedure Code	b	ICD-9-CM Code
374	8	AN	PX2D	Second Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
382	7	AN	PX3	Third Procedure Code	b	ICD-9-CM Code
389	8	AN	PX3D	Third Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
397	7	AN	PX4	Fourth Procedure Code	b	ICD-9-CM Code
404	8	AN	PX4D	Fourth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
412	7	AN	PX5	Fifth Procedure Code	b	ICD-9-CM Code
419	8	AN	PX5D	Fifth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
427	7	AN	PX6	Sixth Procedure Code	b	ICD-9-CM Code
434	8	AN	PX6D	Sixth Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
442	7	AN	PX7	Seventh Procedure Code	b	ICD-9-CM Code
449	8	AN	PX7D	Seventh Procedure Date	-	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File				VALID CONTENTS	
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded
457	7	AN	PX8	Eighth Procedure Code	b
464	8	AN	PX8D	Eighth Procedure Date	-
472	7	AN	PX9	Ninth Procedure Code	b
479	8	AN	PX9D	Ninth Procedure Date	-
487	7	AN	PX10	Tenth Procedure Code	b
494	8	AN	PX10D	Tenth Procedure Date	-
502	7	AN	PX11	Eleventh Procedure Code	b
509	8	AN	PX11D	Eleventh Procedure Date	-
517	7	AN	PX12	Twelfth Procedure Code	b
524	8	AN	PX12D	Twelfth Procedure Date	-
532	7	AN	PX13	Thirteenth Procedure Code	b
539	8	AN	PX13D	Thirteenth Procedure Date	-
547	7	AN	PX14	Fourteenth Procedure Code	b
554	8	AN	PX14D	Fourteenth Procedure Date	-
562	7	AN	PX15	Fifteenth Procedure Code	b
569	8	AN	PX15D	Fifteenth Procedure Date	-
577	7	AN	PX16	Sixteenth Procedure Code	b
584	8	AN	PX16D	Sixteenth Procedure Date	-
592	7	AN	PX17	Seventeenth Procedure Code	b
599	8	AN	PX17D	Seventeenth Procedure Date	-
607	7	AN	PX18	Eighteenth Procedure Code	b
614	8	AN	PX18D	Eighteenth Procedure Date	-
622	7	AN	PX19	Nineteenth Procedure Code	b
629	8	AN	PX19D	Nineteenth Procedure Date	-
637	7	AN	PX20	Twentieth Procedure Code	b
644	8	AN	PX20D	Twentieth Procedure Date	-

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File			VALID CONTENTS		
Starting Position	Length Chars	Field Name	English Description	Not Recorded	Recorded
652	3	AGE	AGE	b	EC = 0-9
655	3	LOS	Length of Stay	-	EC = 0-9 999 = 999 days or longer
658	30	DKEY	Discharge Key	b	Unique identifier within each hospital
688	1	TYPE_A	Ambulatory Surgery, per ICD-9 Proc Code	-	1 = True 0 = False
689	1	TYPE_O	Observation revenue code is present (760 or 762) on any record type	-	1 = True 0 = False
690	1	TYPE_E	Emergency Room revenue code is present (45x) on any record type	-	1 = True 0 = False
691	1	Cancelled_PX	A procedure was cancelled (presence of V641, V642, or V643 among px fields)	-	1 = True 0 = False
692	1	TYPE_AS	Ambulatory Surgery, per Rev Codes	-	1 = True 0 = False
693	1	SFLAG	Surgery Flag based on CPT code range Surgery 10021-69990, Medicine, Cardio 92973-92998, Cardiac Cath. 93501-93581, Intra Cardiac Electro Proc/studies 93600-93662	-	1 = True 0 = False New flag beginning January 1st, 2010 Replaces TYPE_AS Flag for Ambulatory Surgery
694	10	Uniq	Unique record identifier for linking to the revenue file	n/a	Sequential integer
704	15	NPI	National Provider ID		
719	1	ETHNICITY	Ethnicity Code		1 = Hispanic 2 = Non Hispanic 0 = Unknown
720	7	REASON	Reason for Visit		UB-04 FL 70 Patient Reason DX
727	24	MIRN	Medical Record Number		



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File			VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded
					Recorded

Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric

ATTACHMENT F3 - REVENUE RECORD DESCRIPTION AND FILE LAYOUT: REVCODE Updated 12/15/2011

Record Name: Revenue File			VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded
1	4	N	HOSP	Hospital Number (Inpatient and Ambulatory Surgery)	6950 = Central Vermont Medical Center 6952 = Southwest Medical Center 6953 = Brattleboro Memorial Hospital 6954 = Fletcher Allen Health Care 6955 = Copley Hospital 6956 = North Country Hospital 6957 = Gifford Medical Center 6958 = Rutland Regional Medical Center 6959 = Northwest Medical Center 6961 = Northeastern Vermont Regional Hospital 6962 = Springfield Hospital 6963 = Otis Medical Center 6964 = Mt. Ascutney Hospital 6967 = Porter Medical Center 5188 = Veterans' Affairs Medical Center <u>Unique identifier within each hospital</u>
5	30	AN	DKEY	Discharge Key	b
35	8	AN	DDAT	Discharge Date (MMDDYYYY)	0

MM = 01-12, DD = 01-31, YYYY = 0000 - 9999



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

Legend: ! A = Alpha N = Numeric h = Blank AN = Alphanumeric				VALID CONTENTS		
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded	Recorded
43	1	AN	TYPE_O	Observation revenue code is present (760 or 762) on any record type	-	1 = True 0 = False
44	1	AN	TYPE_E	Emergency Room revenue code is present (45x) on any record type	-	1 = True 0 = False
45	1	AN	TYPE_A	Ambulatory Surgery, per ICD-9 proc. code	-	1 = True 0 = False
46	1	AN	TYPE_AS	Ambulatory Surgery, per Rev Codes	-	1 = True 0 = False



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013				
Record Name: Inpatient Data File				
Legend: A = Alpha N = Numeric b = Blank AN = Alphanumeric				
Starting Position	Length Chars	Field Type	Field Name	English Description
47	1	AN	SFLAG	Surgery Flag based on CPT code range Surgery 10021-69990, Medicine, Cardio 92973-92998, Cardiac Cath. 93501-93581, Intra Cardiac Electro Proc/studies 93600-93662
48	3	N	BTYPE	Bill Type
51	4	N	REVCODE	Revenue Code
55	10	N	REVCHRG	Revenue Charge

VALID CONTENTS

Not Recorded

Recorded

1 = True 0 = False

New flag beginning January 1st, 2010
Replaces TYPE_AS Flag for Ambulatory Surgery

111 = Hospital based, inpatient, final bill
117 = Hospital based, inpatient, Replacement
121 = Hospital based, inpatient, final bill Part B
127 = Hospital based, inpatient Replacement Part B
131 = Hospital based, outpatient, final bill
132 = Outpatient Interim - First Claim
133 = Outpatient Interim - Continuing Claims
134 = Outpatient Interim - Last Claim
137 = Hospital based, outpatient Replacement
141 = Hospital based, laboratory final bill
147 = Hospital based, laboratory Replacement
181 = Swing Bed final bill
187 = Swing Bed Replacement
721 = Hospital Renal Dialysis Clinic
727 = Hospital Renal Dialysis Replacement
831 = Ambulatory
837 = Ambulatory Replacement
851 = Critical Access
857 = Critical Access Replacement

Number, includes two digit decimal



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File				VALID CONTENTS	
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded
65	8	AN	REVDATE	Revenue Date (MMDDYYYY)	0
73	6	N	REVUNITS	Revenue Units	MM = 01-12, DD = 01-31, YYYY = 0000 - 9999
79	5	AN	HCPCS	HCPCS/CPTCODE/RATE	
84	2	AN	HCPCMOD1	HCPC Modifier 1	
86	2	AN	HCPCMOD2	HCPC Modifier 2	



ATTACHMENT F - RECORD DESCRIPTION AND FILE LAYOUT: INPATIENT Updated 10/31/2013

Record Name: Inpatient Data File

			VALID CONTENTS		
Legend: ! A = Alpha N = Numeric # = Blank AN = Alphanumeric					
Starting Position	Length Chars	Field Type	Field Name	English Description	Not Recorded
88	2	AN	HCPCMOD3	HCPC Modifier 3	
90	2	AN	HCPCMOD4	HCPC Modifier 4	
92	2	AN	HCPCMOD5	HCPC Modifier 5	
94	10	AN	Uniq	Unique record identifier for linking to the revenue file	n/a
104	1	N	primary_flag	Primary Procedure Identifier	1 = True NULL = False

Recorded

Sequential integer

**Attachment G
Record Level Edits and Thresholds**

EDIT CODE	AUDIT MESSAGE DESCRIPTION	HIGHLIGHTED FIELD	IP	QP
1010	Date of Birth is a required field	BDATE	0% Required	0% Required
1030	Zip Code is a required field	ZIP	0% Required	0% Required
1040	Sex is a required field	SEX	0% Required	0% Required
1050	Race is a required field	RACE	<2% Required	<2% Required
1060	Source of Admission is a required field	ADMS	<2% Required	<2% Required
1070	Type of Admission is a required field	ADMT	0% Required	0% Required
1080	Admission Date is a required field	ADAT	0% Required	0% Required
1090	Principal Diagnosis is a required field	DXP	0% Required	<2% Required
1100	Admitting diagnosis is a required field for inpatients	DXA	<2% Required	n/a
1130	Patient Status is a required field	PISTATUS	0% Required	0% Required
1140	Primary Payer is a required field	SOP	0% Required	0% Required
1160	Type of Bill is a required field	BILLTYPE	0% Required	0% Required
1180	Medical Records Number is a required field	MRN	<2% Required	<2% Required
1220	Revenue Code is a required field	REVCODE	<2% Required	<2% Required
1230	Service Date is a required field	SERVDATE	<2% Required	<2% Required
1240	Units of Service is a required field when Revenue Charge is greater than zero.	UNITSERV	<2% Required	<2% Required
1260	Additional Diagnosis is a required field	DX	<2% Required	<2% Required
1270	Additional Procedure is a required field	PR	<2% Required	<2% Required
1280	Additional Procedure Date is a required field	PRD	<2% Required	<2% Required
1300	Principal Procedure is required when Additional Procedures are present	PRP	<2% Required	<2% Required
1310	Admission Hour is required	ADMH	<2% Required	<2% Required
1320	Discharge Hour is a required field	DHOUR	<2% Required	<2% Required
1350	Revenue Code 0001 should appear only once.	REVCODE	<2% Required	<2% Required
1360	Town/County code is a required field.	TOWNCOUNTY	0% Required	0% Required
1370	Readmit Flag is required for this type of patient.	READMIT	<2% Required	n/a
1380	Sub Primary Payer Code is a required field.	SUBPRIMPAY	<2% Required	<2% Required
1390	Discharge Date is a required field	DDAT	0% Required	0% Required
2010	Date of Birth does not correspond to a valid date (mmddyyyy).	BDATE	0% Required	0% Required
2020	Admission Date does not correspond to a valid date (mmddyyyy)	ADAT	0% Required	0% Required
2030	Principal Procedure Date does not correspond to a valid date (mmddyyyy)	PRPD	0% Required	0% Required
2040	Discharge Date does not correspond to a valid date (mmddyyyy).	DDAT	0% Required	0% Required
2050	Statement Covers Period From does not correspond to a valid date (mmddyyyy).	STPERIODF	n/a	n/a
2060	Statement Covers Period To does not correspond to a valid date (mmddyyyy).	STPERIODT	n/a	n/a
2070	Service Date does not correspond to a valid date (mmddyyyy).	SERVDATE	<2% Required	<2% Required
2080	Additional Procedure Date does not correspond to a valid date (mmddyyyy).	PRD	0% Required	0% Required
2110	Revenue Charge must be a signed numeric data type.	REVCHG	<2% Required	<2% Required
2130	Admit hour must be two-digit hour of the day (00 to 23)	ADMH	<2% Required	<2% Required
2140	Discharge hour must be two-digit hour of the day (00 to 23)	DHOUR	n/a	n/a
2150	Infant Birth Weight must be numeric.	BW	0% Required	n/a
2160	SCU Days must be numeric.	SCU	<2% Required	n/a
3020	Zip Code does not correspond to accepted values	ZIP	0% Required	0% Required
3030	Sex does not correspond to accepted values	SEX	0% Required	0% Required
3040	Race does not correspond to accepted values	RACE	<2% Required	<2% Required
3050	Source of Admission does not correspond to accepted values	ADMS	<2% Required	<2% Required
3060	Type of Admission does not correspond to accepted values	ADMT	0% Required	0% Required
3070	Principal Diagnosis does not correspond to accepted values	DXP	0% Required	0% Required
3072	Present on Admission code does not correspond to accepted values	DXP	0% Required	<2% Required
3080	Admitting Diagnosis does not correspond to accepted values	DXA	0% Required	0% Required
3140	Principal Procedure does not correspond to accepted values	PRP	<2% Required	<2% Required
3150	Patient Status does not correspond to accepted values	PISTATUS	0% Required	0% Required
3160	Primary Payer does not correspond to accepted values	SOP	0% Required	0% Required
3170	Secondary Payer does not correspond to accepted values	SOP2	0% Required	0% Required
3175	Tertiary Payer does not correspond to accepted values	SOP3	0% Required	0% Required
3180	Type of Bill does not correspond to accepted values	BILLTYPE	0% Required	0% Required
3210	Revenue Code does not correspond to accepted values	REVCODE	<2% Required	<2% Required
3230	Additional Diagnosis does not correspond to accepted values	DX	0% Required	<2% Required
3232	Present on Admission code does not correspond to accepted values	DX	0% Required	<2% Required
3240	Additional Procedure does not correspond to accepted values	PR	0% Required	<2% Required
3260	Ethnicity does not correspond to accepted values	ETHNICITY	n/a	n/a
3270	Diagnosis Version (9 = ICD-9 or 0 = ICD-10) is invalid	DXVERSION	0% Required	0% Required
3280	Town/County code does not match accepted values	TOWNCOUNTY	0% Required	0% Required
3290	Readmit Flag does not match accepted values	READMIT	<2% Required	n/a
3300	Sub Primary Payer Code does not correspond to accepted values	SUBPRIMPAY	<2% Required	<2% Required
3310	Sub Secondary Payer Code does not correspond to accepted values	SUBPRIMPAY2	<2% Required	<2% Required
3320	Sub Tertiary Payer Code does not correspond to accepted values	SUBPRIMPAY3	<2% Required	<2% Required
3340	External Cause of Injury does not correspond to accepted values	DXE	0% Required	0% Required
3341	External Cause of Injury 2 does not correspond to accepted values	DXE2	0% Required	0% Required
3342	External Cause of Injury 3 does not correspond to accepted values	DXE3	0% Required	0% Required
3350	Present on Admission code does not correspond to accepted values	DXE	0% Required	0% Required
3351	Present on Admission code does not correspond to accepted values	DXE2	0% Required	0% Required
3352	Present on Admission code does not correspond to accepted values	DXE3	0% Required	0% Required

4010	Discharge Date outside boundaries for selected quarter	DDAT	0% Required	0% Required
4020	Service Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission i	SERVDATE	<2% Required	<2% Required
4030	Principal Procedure Date occurs outside boundaries of the admission and discharge dates (72 hours prior to	PRPD	0% Required	0% Required
4040	Date of Birth exceeds human lifespan of 120 years	BDAT	n/a	n/a
4090	Procedure Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission	PRD	0% Required	0% Required
4130	Medicare requires CPT/HCPCS for this Revenue Code	HCPCSRATE	<2% Required	<2% Required
4140	Infant Birth Weight is required if Inpatient and Admission Type = 4 (NB)	BW	0% Required	n/a
4150	Infant Birth Weight cannot be specified unless Inpatient and Admission Type = 4 (NB)	BW	0% Required	n/a
4170	Total Charges cannot be a negative value	REVCODE	0% Required	0% Required
5010	Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "0"	ADAT	0% Required	<2% Required
5020	Admission Date can be no more than two days after Birth Date when Principal Diagnosis is V30-V37 with	ADAT	0% Required	<2% Required
5030	Sex must match the Procedure for any sex specific procedure	PRP	<2% Required	<2% Required
5040	Sex must match the Procedure for any sex specific procedure	PR	0% Required	<2% Required
5050	Discharge Date cannot occur before Admission Date	DDAT	0% Required	0% Required
5070	Date of Birth must be less than or equal to the Admission Date	BDAT	0% Required	0% Required
5120	Duplicates of the Principal Diagnosis code are not permitted in Additional Diagnosis	DX	0% Required	0% Required
5130	Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th	DX	<2% Required	n/a
5140	Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676	DX	<2% Required	n/a
5180	The total of all Revenue Charges does not equal the Total Charges	REVCHG	0% Required	0% Required
5200	Principal Diagnosis of V3x with a fifth digit of 0 requires Type of Admission to be 4 (newborn).	ADMT	<2% Required	<2% Required
5210	Operating Physician is required if Principal Procedure has been specified.	PINB	<2% Required	<2% Required
5230	The Zip Code specified does not correspond to the State	ZIP	0% Required	0% Required
5240	Principal Diagnosis is gender specific and does not match the Sex specified.	DXP	0% Required	<2% Required
5250	Admitting Diagnosis is gender specific and does not match the Sex specified	DXA	<2% Required	n/a
5251	Reason for Visit 1 is gender specific and does not match the Sex specified	REASVISIT	0% Required	0% Required
5252	Reason for Visit 2 is gender specific and does not match the Sex specified	REASVISIT2	0% Required	0% Required
5253	Reason for Visit 3 is gender specific and does not match the Sex specified	REASVISIT3	0% Required	0% Required
5260	Additional Diagnosis is gender specific and does not match the Sex specified.	DX	<2% Required	n/a
5280	Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be	DX	<2% Required	n/a
5290	Principal Procedure and Principal Procedure Date must be paired	PRPD	0% Required	0% Required
5310	Duplicate Additional Diagnosis codes are not permitted	DX	<2% Required	<2% Required
5330	HCPCS/CPT code is gender specific and does not match the Sex specified	HCPCSRATE	<2% Required	<2% Required
5350	At least one revenue code needs to indicate room charges unless the Primary Payer is Medically Indigent/Pi	ALL_REV	<2% Required	n/a
5400	Principal Diagnosis does not contain a valid Principal Diagnosis code	DXP	0% Required	<2% Required
5410	Principal Diagnosis does not match Adult age requirement	DXP	<2% Required	n/a
5420	Principal Diagnosis does not match Newborn age requirement	DXP	<2% Required	n/a
5430	Principal Diagnosis does not match Pediatric age requirement	DXP	<2% Required	n/a
5440	Principal Diagnosis does not match Maternity age requirement	DXP	<2% Required	n/a
5450	Admitting Diagnosis does not match Adult age requirement	DXA	<2% Required	n/a
5451	Reason for Visit does not match Adult age requirement.	REASVISIT	<2% Required	n/a
5452	Reason for Visit 2 does not match Adult age requirement	REASVISIT2	<2% Required	n/a
5453	Reason for Visit 3 does not match Adult age requirement.	REASVISIT3	<2% Required	n/a
5460	Admitting Diagnosis does not match Newborn age requirement.	DXA	<2% Required	n/a
5461	Reason for Visit does not match Newborn age requirement.	REASVISIT	<2% Required	n/a
5462	Reason for Visit 2 does not match Newborn age requirement.	REASVISIT2	<2% Required	n/a
5463	Reason for Visit 3 does not match Newborn age requirement.	REASVISIT3	<2% Required	n/a
5470	Admitting Diagnosis does not match Pediatric age requirement	DXA	<2% Required	n/a
5471	Reason for Visit does not match Pediatric age requirement.	REASVISIT	<2% Required	n/a
5472	Reason for Visit 2 does not match Pediatric age requirement	REASVISIT2	<2% Required	n/a
5473	Reason for Visit 3 does not match Pediatric age requirement	REASVISIT3	<2% Required	n/a
5480	Admitting Diagnosis does not match Maternity age requirement	DXA	<2% Required	n/a
5481	Reason for Visit does not match Maternity age requirement.	REASVISIT	<2% Required	n/a
5482	Reason for Visit 2 does not match Maternity age requirement.	REASVISIT2	<2% Required	n/a
5483	Reason for Visit 3 does not match Maternity age requirement.	REASVISIT3	<2% Required	n/a
5490	Additional Diagnosis does not match Adult age requirement	DX	<2% Required	n/a
5500	Additional Diagnosis does not match Newborn age requirement	DX	<2% Required	n/a
5510	Additional Diagnosis does not match Pediatric age requirement	DX	<2% Required	n/a
5520	Additional Diagnosis does not match Maternity age requirement	DX	<2% Required	n/a
5530	Principal Diagnosis of 650 is inconsistent with C-section procedure code	DXP	0% Required	n/a
5540	Principal diagnosis indicates poison or injury but no E-code present	DXE	0% Required	<2% Required
5541	Principal diagnosis indicates poison or injury but no E-code present	DXE2	0% Required	<2% Required
5542	Principal diagnosis indicates poison or injury but no E-code present	DXE3	0% Required	<2% Required
5550	Additional diagnosis indicates poison or injury but no E-code present	DXE	0% Required	<2% Required
5551	Additional diagnosis indicates poison or injury but no E-code present	DXE2	0% Required	<2% Required
5552	Additional diagnosis indicates poison or injury but no E-code present	DXE3	0% Required	<2% Required
6010	Another record from this facility with the same Patient Control Number has been located.	PCONTROL	0% Required	0% Required
6020	Patient record is blank.	PCONTROL	0% Required	0% Required



VERMONT ASSOCIATION OF
HOSPITALS AND HEALTH SYSTEMS -
NETWORK SERVICES ORGANIZATION

Attachment H:

Methodology for Flagging Principal Procedures: Technical Description for Ranking HCPCS Codes

Due to the elimination of the requirement to report ICD-9 procedure codes on outpatient visits, VAHHS-NSO has developed an algorithm to rank the HCPCS codes in order to ascertain primary procedures.

The ranking algorithm has two parts. The first uses the CMS physician fee schedule payment amount formula to calculate CMS Relative Value Units (RVUs) (see attached RVUPUF13.docx).

Total Procedure RVUs =

[(Work RVU * Work GPCI) +

(Facility PE RVU * PE GPCI) +

(MP RVU * MP GPCI)] * Conversion Factor

The RVUs are an indicator of the intensity of the each procedure. An updated version of RVUs is released at the beginning of each calendar year. There are three types of RVUs: Work, Practice Expense (PE) and Malpractice (MP). Work RVUs are a measure of physician work involved in the procedure. PE RVUs are a measure of business overhead attributed to the procedure. MP RVUs are based on malpractice insurance expense attributed to each procedure.

The geographic practice cost index (GPCI) is a multiplier that adjusts each of the RVU amounts based on location. Vermont has only one GPCI for the entire state.

The conversion factor is another multiplier that adjusts for anesthesia procedures based on location.

In cases where no RVUs can be calculated (37% of encounters), the line item charge amount is used to rank procedures, where the highest charge indicates the principal procedure. The website below gives a more detailed explanation of RVUs and their history:

<https://www.federalregister.gov/articles/2013/12/10/2013-28696/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-clinical-laboratory#h-18>