



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
 HCC06225

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 KRISTA FERRELL
 304-558-2596

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH CARE AUTHORITY
 SUITE 201
 100 DEE DRIVE
 CHARLESTON, WV
 25311-1692 304-558-7000

DATE PRINTED 09/29/2006	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 10/18/2006		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 2		
				THIS ADDENDUM IS ISSUED TO ANSWER QUESTIONS RECEIVED BEFORE THE 9/18/2006 DEADLINE FOR QUESTIONS.		
				ALSO, TO REVISE PAGES 2-33 OF ADDENDUM 1 DATED 09/05/2006.		
				BID OPENING DATE REMAINS: 10/18/2006		
				BID OPENING TIME REMAINS: 1:30 PM		
				***** END ADDENDUM NO. 2 *****		
0001	1	LS		205-62		
				SOFTWARE, PREPROGRAMMED (DATA BASE MANAGEMENT CONTRO		
0002		EA		205-62		
				SOFTWARE, PREPROGRAMMED (DATA BASE MANAGEMENT CONTRO		
				***** THIS IS THE END OF RFQ HCC06225 ***** TOTAL:		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

WVHCA RFP HCC06225**Responses to Vendor Questions for the West Virginia Health Care Authority
RFP #HCC06225 for the Collection, Processing and Reporting of Hospital Data
(Uniform Hospital Discharge Billing Program)****September 25, 2006**

1. In Part 2.2, the section called SYSTEMS, the RFP lists computer hardware, network and software products. Does HCA own the listed devices and products? Will any of these devices and products become the responsibility of the contractor for the RFP, and, if yes, which ones? **ANSWER: HCA owns the listed devices and products and maintains responsibility for them.**
2. In Part 2.2, the RFP states that "Copies of the updated Master file in both SAS and ASCII, coma delimited text format are shipped to the HCA each week. The files are loaded into an Oracle database and accessed with SAS, SAS Enterprise Guide, SPSS, and Crystal Reports by HCA Analysts." Is HCA responsible for all of these licenses, or is it the responsibility of the contractor? **ANSWER: HCA owns licenses for these products for use by HCA. The current contractor maintains their own licenses for software which they use.**
3. In Part 3.2.4, the RFP discusses "customer requests for billing data." Please define the term customer. Are there fees payable to the contractor to fulfill these customer requests that are not part of the normal processing fees for which the HCA is responsible? **ANSWER: Customers are those entities and individuals who request reports and limited data sets of the uniform billing data collected by the HCA. Fees are charged for order fulfillment by HCA. Bidders may propose to provide this service; proposed costs for this optional service should be reported separately on the cost proposal at section 3.2.4.**
4. How much did the state budget for the first year of the Inpatient part of the contract? **ANSWER: Not disclosed at this time. Expenditures for the current vendor may be obtained from the WV State Auditor's Office or on-line at: <https://www.wvsao.gov/vista/login.asp>**
5. How much did the state budget for the first year for any of the Optional parts of the contract? **ANSWER: See response to #4 above. Expenditures for the current vendor may be obtained from the WV State Auditor's Office or on-line at: <https://www.wvsao.gov/vista/login.asp>**
6. Are there any ways in which HCA would like to see the current contractor (SSS) for this contract improve or change their support, based on what you have experienced in the past three years? **ANSWER: Suggestions for greater efficiency and lower costs while maintaining and improving quality are always appreciated.**

7. On a scale of one to ten, with one being lowest and ten highest, how does HCA rate the performance of the current contractor (SSS)? **ANSWER: This question is not relevant to the RFP process.**
8. Regarding the following: *3.1.7.1.5 The vendor SHALL agree that all data and any software or custom software code developed to fulfill the contract requirements be the sole property of the HCA.* The software that vendor is proposing to modify for this project, is proprietary, has been copyrighted and is currently being used in other states. Although there would be custom development to meet the needs of this project, the main software components would not represent new development. Therefore, vendor could not agree to HCA owning the source code of the software and/or custom development. Vendor will solely own the intellectual property. WV Health Care Authority would own the data. Would we be automatically disqualified from the bidding process under this type of an arrangement? Would HCA licensing the software be acceptable? **ANSWER: HCA hereby amends section 3.1.7.1.5 to read as follows: "3.1.7.1.5 The vendor SHALL agree that all data shall be the sole property of HCA. Vendor MAY provide a software escrow agreement for proprietary software it proposes to license to HCA."**
9. When referring to an analytical record, it that referencing a "clean" record to be utilized for analytical purposes moving forward? **ANSWER: Yes.**
10. When referring to "reports" in the following sections (3.2.7.1, and 3.2.7.7), are you referring to accuracy of data reports, or reports utilized by healthcare leaders for decision making? 3.2.7.1 3.2.7.7 **ANSWER: Reports used for analysis and decision making concerning healthcare issues.**
11. What is the current annual amount being paid to Social Scientific to provide this service? **ANSWER: Expenditures for the current vendor may be obtained from the WV State Auditor's Office or on-line at: <https://www.wvsao.gov/vista/login.asp>**
12. Section 3.1.1.12.....Can you provide the "SAS" file format and field descriptions that would be required? **ANSWER: See Exhibit II of the RFP which lists the format and definitions.**
13. Data Submission....What is the count by hospital for each type of submission media?
- HTTPS:
 - 6250 TAPE:
 - 3480 CARTRIDGE
 - 3.5 DISKETTE
 - DISKETTE
 - CDROM
 - OTHER

If any apply to "OTHER", what is their media?

ANSWER: Seven hospitals are currently submitting data on CD ROM, the remainder are submitting on-line via HTTPS. The "OTHER" refers to other, then current, standard storage media and/or generally available data transfer method(s).

14. How many hospitals keypunch their data into a SSS provided system? If there are any, how is data submitted after keypunching? **ANSWER: No hospitals keypunch their data on a regular basis. However, one hospital in 2006 and two hospitals in 2005 used CD-ROMs provided by SSS (the current vendor) to make corrections to the data. A hospital may decide to keypunch their data into the system provided by the current vendor in order to come into compliance with submission requirements if their usual submission system is not available. Data may be submitted via HTTPS or on standard storage media.**
15. Should it be assumed that all hospital personnel responsible for submitting the data have Internet access? **ANSWER: No.**
16. Should it be assumed that all hospital personnel responsible for submitting the data have computer screen capability of 1024 x 768 ? **ANSWER: No.**
17. How many hospitals have less than 600 discharges in a year? **ANSWER: Nine.**
18. Currently, who is responsible for notifying a hospital if they are tardy on submitting their data? **ANSWER: HCA staff.**
19. For record type 80 in the UB92 submission, (Physician data) What type of identifier code is used for physicians? UPIN? State assigned code? **ANSWER: Identifiers currently vary across payers and hospitals and include UPIN, WV License number, and payer specific provider numbers. Standardization and transition to the use of the National Provider Identifier is desirable.**
20. After a hospital submits data, they are provided a "Hospital Completeness and Acceptability Report". What are the specific criteria or acceptable error rate that considers the data complete? **ANSWER: Historic submission patterns, surveys forms completed by facilities and other financial disclosure data are used to assess completeness. Vendor should address 3.1.3.4-7. See also: Edit checks in Exhibit III of the RFP.**
21. Are hospitals penalized if they fail in submitting their data? **ANSWER: Hospitals are subject to penalties as described in the WV Code of State Regulations Financial Disclosure rule, 65 CSR 13.1 et seq.**
22. Could you provide a small sample file of data in the UB92 Format? **ANSWER: Sample data files are not available at this time. Please refer to Exhibit I of the RFP which defines the file format. Sample files can be made available once a vendor is chosen.**

23. **Section 1.19.10 – Contract Term** This section indicates that the base term of the contract is only one year. Generally, the best pricing is available for three-year base terms. Would the State be able to commit to a base contract term of at least two or three years? **ANSWER: No. However, a contract may be renewed twice for two additional years before a new bidding process is required.**
24. **Section 2.2, paragraph 2 on page 17; Section 3.1.4.3.1 – APS-DRGs and APR-DRGs** Does HCA expect the vendor to cover the cost of grouper license fees (e.g., APR-DRGs or an appropriate substitute)? If so, should the bidders include this fee in the Mandatory or Optional lines of the Cost Proposal? If Optional, which of the lines should be used? **ANSWER: Vendor should propose methods to meet the requirements of 3.1.4.3.1 and clearly state how any proposed groupers will be acquired and by whom. Vendor's cost bid for its proposed solutions to 3.1.4.3.1 are to be included in the mandatory costs.**
25. **Section 2.2, paragraph 5 (p. 15) – Frequency of Hospital Data Submission** Does HCA require that the vendor support multiple submission frequencies (monthly, weekly, adhoc) or would it be possible for HCA to standardize the submissions to monthly as a guideline? (Standard data submission cycles are less costly to manage.) **ANSWER: Vendors should propose submission frequencies which take into account costs, volumes of records, likely preferences of submitters, desirability of obtaining recent data and operational needs of the HCA.**
26. **Section 3.1, paragraph 1 – General Requirements – Location of Database** This paragraph implies that HCA is open to a business model other than the one it currently employs, which is that HCA's Oracle database stores the output of the vendor processing and HCA uses SAS, SPSS, and Crystal Reports to analyze the data. Would HCA be open to considering a business model whereby the vendor processes and stores the data and provides advanced analytical web-based tools to analyze the data? (This is sometimes referred to as an Application Service Provider (ASP) model.) If so, should this ASP model be proposed as an Optional service (i.e., the continuation of the HCA Oracle database and analytic tool sets would still be mandatory)? **ANSWER: The HCA is seeking best value methods for these services and is open to receiving proposals based upon new business models. The requirement of 3.1.1.12 is mandatory. However, this does not rule out concurrent storage of data at vendor's work site and provision of ASP services.**
27. **Section 3.1.1.3 – Local Software Clients** What is the business function that you are seeking to support by this requirement? Are you seeking the ability for HCA to manually change or overwrite incorrect records at the HCA office? What kind of data might a hospital want to enter or upload to a local system? **ANSWER: Submitters may wish to manually enter or correct small numbers of UB records, correct batches of records, or upload and run records against edit checks and correct inaccuracies prior to submission. It may be desirable for HCA to have the capability to easily edit records at the HCA office if necessary.**

28. **Section 3.1.1.7 – New Formats, Fields and Edits** Does this requirement mean that the vendor has 30 days to implement changes that HCA initiates, or that HCA has 30 days to implement changes that the vendor initiates, or both? **ANSWER: The vendor has 30 days to implement changes after changes are approved by HCA. Or, the capability for HCA to implement an approved change must be made available to HCA within 30 days if HCA approves a change (e.g. ability to import a new submission format into a database or to modify an upper and lower range limit on a record or batch edit).**
29. **Section 3.1.3.1.4 – Data Item-Specific Reports** Could you be more specific about what you mean by “data item-specific” reports? **ANSWER: Data item-specific reports refer to field level details of records where necessary to indicate causes for edit failures; changes in trending of field level detail values when helpful to monitor changes in data quality; or, to identify missing or new categories of values in the data. Examples may include frequency reports of field values, but such reports should be designed to quickly and easily identify important changes or trends in the data.**
30. **Section 3.1.3.1.4.2 – Administrative and Accounting Reports** Can you provide any explanation of the types of administrative and accounting reports you are interested in? **ANSWER: Reports which effectively and efficiently communicate issues to the HCA concerning the administration of the contracted services, associated business activities, expenses, work accomplished, status of open issues and other information relevant to the business services provided by the vendor.**
31. **Section 3.1.4.6 – Cost Estimating – Cost Center Mapping** Can the vendors assume that the hospitals will provide revenue codes (MRCs) in the standard CMS format, or will the vendor need to map them to a schema specific to HCA? **ANSWER: Vendor should propose reasonable solutions to accomplish the requirement. Proposed solutions may include changes to formats, maintaining standard formats, or defining HCA specific formats.**
32. **Section 3.1.6.4 – Help Desk** This specification requires the vendor to provide Help Desk support. RFP Section 2.2, paragraph 2 on page 17, indicates that two HCA analysts “assist hospitals with data submission requirements,” and that “the current vendor provides help desk support for hospitals and the HCA.” Would you clarify the current division of responsibilities between the HCA analysts and the vendor? Is the vendor assisting the hospitals directly? Under the new contract, do you intend for the HCA analysts to continue to play their current support role? **ANSWER: The current vendor provides assistance to hospitals directly and primarily concerning technical data submission issues. HCA analysts provide support to hospitals directly primarily concerning reconciliation of data and policy issues. Vendor may propose services consistent with their capabilities and perceived value to the HCA.**

33. **Section 3.2 – Optional Services – Historical Data** For the optional services that involve analytic reporting, what is the expectation for the number of years of historical data to be analyzed? Can we assume that the past 4-5 years of data would be sufficient? **ANSWER: Vendor may propose services consistent with their capabilities and perceived value to the HCA.**
34. **Section 4.1 – Vendor’s Proposal Format** The section number sequence is missing a Section V. Should we adjust our numbering to end with a Section VIII (instead of IX), or does HCA intend to have a Section V that was omitted from the RFP? **ANSWER: Sections VI through IX should be renumbered to end with Section VIII. This was a typographical error in the original RFP.**
35. **Section 4.3 – Evaluation Criteria in relation to Vendor’s Proposal Format** Section 4.3 lists the categories to be evaluated that all match to a Proposal Format section as set forth in Section 4.1, except for 4.3.9 Outpatient Data (3.2.6 et seq.) and 4.3.10 Analytic Reports (3.2.7 et. seq.). The responses to those specifications appear to go under Section IX. Would you confirm that assumption? **ANSWER: Correct (except that section IX may now be renumbered correctly as section VIII – see previous Q&A). Evaluation section numbers 4.3.9 Outpatient Data and 4.3.10 Analytic Reports are optional services with maximum point values assigned separately from those optional services included under 4.3.8.**

Processing of Uniform Billing Hospital Discharge Data (WV1)

UB-92 Data Submission Manual

West Virginia Health Care Authority
100 Dee Drive
Charleston, WV 25311-1600

Social & Scientific Systems, Inc.
8757 Georgia Avenue, 10th Floor
Silver Spring, Maryland 20910

Revised 9/15/2006

UB-92 Data Submission Manual

The West Virginia Health Care Authority (Authority) has been charged by the Legislature with ensuring compliance with the West Virginia Health Care Financial Disclosure Act, W. Va. Code §§ 16-5F-1 *et seq.* and the Financial Disclosure Rule, 65 C.S.R. 13. Collection of Uniform Billing data from hospitals is a part of this duty. Since 1998, each hospital in West Virginia has been required to submit clean and accurate UB-92 discharge data subsets for **all** inpatient hospital stays to the Authority's vendor, Social & Scientific Systems, Inc. (SSS). The Authority determined that Uniform Billing information be sent to SSS in a specified format on a monthly basis within six weeks after the last day of the submission month. For example, March hospital discharge data are due no later than mid-May. Authority staff will contact your facility in the event that your facility is not in compliance with some or all of the requirements of these laws. Your facility will be determined out of compliance if submissions are 120 days overdue or if data quality or format are not in conformity with the specifications herein described.

After SSS receives the data, the data will be processed by the West Virginia Hospital Discharge Data System. Within one week of data receipt, SSS will provide detailed information regarding the quality of submitted hospital discharge data to you and the Authority. SSS will send you a detailed Hospital Completeness and Acceptability Report, which lists any records rejected or flagged as questionable. **Each hospital is expected to resubmit the corrected data for these records with its next monthly batch, keeping the same values for the key variables** (hospital identification number, patient identification number(s), discharge date, and bill type).

The following sections describe the media in which the data can be submitted and the UB-92 data specifications.

Media

Data should be submitted on one of the following types of media:

- * <https://wvhca.s-3.net/default.asp> (preferred method)
- * CD-ROM

Any other medium must have the prior written approval of the Health Care Authority. If you have any other concerns regarding the type of the media or data format, please contact Sophie Nemirovsky at SSS (301-628-3264) or Linda Sovine, Interim Director of Analysis at the Health Care Authority (1-888-558-7002 or 304-558-7000).

SSS will provide user-friendly software, S-3 Submit, for low-volume hospitals. Simple instructions on how to use this software and how to submit the output file will be included with the software.

UB-92 Data Specifications

UB-92 data for **all** inpatient hospital stays are to be submitted regardless of the expected source of payment. This is to include, but is not limited to, self-pay and charity discharges, long term care, skilled nursing and swing discharges. SSS collects the data in CMS 1450 Version 4 format. Detailed descriptions of specific data fields located on Uniform Bills (UB) are contained in the *UB-92 Uniform Billing Data Elements Specification Manual* or the *UB-92 Editor*. SSS is to collect only a subset of the UB-92 data fields as listed in Attachment 1.

Data for each inpatient stay should include all adjustments and replacement bills, all late charges and interim charges for each claim. All data should be blank-filled and presented in an ASCII (zipped or unzipped) format. All character or alphanumeric variables (\$) should be left-justified. All other fields (no \$) are numeric and right-justified. Charges are presented in zoned-decimal format. Data must be written in fixed blocks with a logical record length of 192.

Each discharge should have at least one of each of the record types identified as RECTYPE = 10, 20, 30, 40, 50, 60, 70, or 80 (Attachment 1). Patient Control Number (PATNO) is required on every record. These different types of records carry the following specific information:

- * RECTYPE=10. Contains Batch Number (BATNUM), which is a unique batch ID assigned to every observation in your deliverable batch; Federal Tax Number (FEIN), which is the Federal Employer Identification Number, Medicare Provider Number for the hospital (HOSP); Patient Control Number (PATNO); and Date of Batch Preparation (BATDATE), which is the date when the data were written onto the deliverable media. Most of these fields provide the key identification information for the SSS processing system; therefore, it is very important that they are included on the record.
- * RECTYPE=20. Provides general information about a given patient, his or her Patient Control Number, sex, birth date, marital status, admission type, source, and date, etc.
- * RECTYPE=30. Includes two records: one describes the primary payor and another describes the secondary payor. (See Attachment 2 for UB Payor Code information.)
- * RECTYPE=40. Provides type of bill.
- * RECTYPE=50. Describes room and board charges. There can be as many records of this type per discharge as are necessary to describe the charges. Each record can have up to four sets of revenue code/units of service/charges by revenue code combinations.

- * RECTYPE=60. Describes ancillary charges. There can be as many records of this type per a discharge as are necessary to describe the charges. Each record can have up to three sets of revenue code/units of service/charges by revenue code combinations.
- * RECTYPE=70. Provides data for the diagnosis and procedure codes. Codes should be provided for the principal diagnosis, up to eight secondary diagnoses, the principal procedure, and up to five secondary procedures. The external cause of injury (ECODE) should also be provided on this record.
- * RECTYPE=80. Provides physician information.

Attachment 1 describes all of these fields in greater detail.

Data should be submitted at <https://wvhca.s-3.net/default.asp>. Contact Sophie Nemirovsky, Project Manager, if you need assistance with the submission process.

Sophie Nemirovsky, Project Manager
Social & Scientific Systems, Inc.
8757 Georgia Avenue, 12th Floor
Silver Spring, Maryland 20910-3714

Phone Number: (301)-628-3264
Fax Number: (301)-628-3201

012

Attachment 1

West Virginia UB-92 Data Layout

Record Type	Variable Name	Description	Positions	Format	UB-92 Form Locator	Notes
	RECTYPE	Record Type	1-2			Needs to be present on each record. Legitimate values are 10, 20, 30, 40, 50, 60, 70, or 80
10	BATNUM	HCA Batch Number	\$6-9		None	Unique batch ID assigned to every observation in a deliverable batch
	FEIN	Federal Tax Number	\$11-20		5	
	HOSP	Medicare Provider Number	\$22-34		None	
	PATNO	Patient Control Number	\$35-54		3	Do not alter with multiple bills for same admission
	BATDATE	Date Batch Prepared	186-191	MMDDYY	None	Date when the data was written on the deliverable media
20	PATNO	Patient Control Number	\$5-24		3	See note at record type 10
	SEX	Patient Sex	\$55		15	Should be "M", "F", "U"
	MO	Patient Birth Date	56-57	MMDDYYYY	14	
	DAY	Patient Birth Month	58-59	MM		
	YEAR	Patient Birth Day	60-63	DD		
	MSTAT	Patient Birth Year		YYYY		
	TYPEAD	Marital Status	\$64		16	Should be "S", "M", "P", "X", "D", "W", "U"
		Type of Admission	\$65		19	Should be "1", "2", "3", "4", "5" or "9"

Record Type	Variable Name	Description	Positions	Format	UB-92 Form Locator	Notes
	SRCE	Source of Admission	\$66		20	
	ZIP	Patient Zip Code	120-128		13	
	ADMIT	Admission Date	129-134	MMDDYY	17	
		Statement Covers Period			6	
	SDATE	From	137-142	MMDDYY	6	Should not precede ADMIT in time
	EDATE	Thru	143-148	MMDDYY	6	
	PSTAT	Patient Status	\$149-150		22	
	MRN	Medical Record Number	\$173-189		23	****Implementation date TBA****
30	SEQ	Sequence	3-4		None	Record number
	PATNO	Patient Control Number	\$5-24		3	See note at record type 10
	PAYOR1	Primary Payor	\$26-30		None	See Attachment 2 for codes
	PAYOR2	Secondary Payor	\$26-30		None	See Attachment 2 for codes
40	PATNO	Patient Control Number	\$5-24		3	See note at record type 10
	BTYPE	Type of Bill	25-27		4	Use correct 1xx or 2xx bill type
50	PATNO	Patient Control Number	\$5-24		3	See note at record type 10
	RC1	Revenue Code	25-28		42	
	U1	Units of Service	38-41		46	
	CHG1	Charges (By Revenue Code)	42-51	ZD10.2	47	
	RC2	Revenue Code	67-70		42	
	U2	Units of Service	80-83		46	
	CHG2	Charges (By Revenue Code)	84-93	ZD10.2	47	
	RC3	Revenue Code	109-112		42	
	U3	Units of Service	122-125		46	
	CHG3	Charges (By Revenue Code)	126-135	ZD10.2	47	
	RC4	Revenue Code	151-154		42	
	U4	Units of Service	164-167		46	
	CHG4	Charges (By Revenue Code)	168-177	ZD10.2	47	

Record Type	Variable Name	Description	Positions	Format	UB-92 Form Locator	Notes	
60	PATNO	Patient Control Number	\$5-24		3	See note at record type 10	
	RC1	Revenue Code	25-28		42		
	U1	Units of Service	38-44		46		
	CHG1	Charges (By Revenue Code)	45-54	ZD10.2	47		
	RC2	Revenue Code	81-84		42		
	U2	Units of Service	94-100		46		
	CHG2	Charges (By Revenue Code)	101-110	ZD10.2	47		
	RC3	Revenue Code	137-140		42		
	U3	Units of Service	150-156		46		
	CHG3	Charges (By Revenue Code)	157-166	ZD10.2	47		
70	PATNO	Patient Control Number	\$5-24		3		See note at record type 10
	PDIAG	Principal Diagnosis	\$25-30		67		
	DIAG2	Other Diagnosis	\$31-36		68		
	DIAG3	Other Diagnosis	\$37-42		69		
	DIAG4	Other Diagnosis	\$43-48		70		
	DIAG5	Other Diagnosis	\$49-54		71		
	DIAG6	Other Diagnosis	\$55-60		72		
	DIAG7	Other Diagnosis	\$61-66		73		
	DIAG8	Other Diagnosis	\$67-72		74		
	DIAG9	Other Diagnosis	\$73-78		75		
	PPROC	Principal Procedure	\$79-85		80		
	PROC2	Other Procedure	\$92-98		81A		
	PROC3	Other Procedure	\$105-111		81B		
	PROC4	Other Procedure	\$118-124		81C		
	PROC5	Other Procedure	\$131-137		81D		
	PROC6	Other Procedure	\$144-150		81E		
	ECODE	External Cause of Injury	\$163-168		77		

Record Type	Variable Name	Description	Positions	Format	UB-92 Form Locator	Notes
80	PATNO	Patient Control Number	\$5-24		3	See note at record type 10
	PID1	Attending Physician ID	\$27-42		82	
	PID2	Other Physician ID	\$43-58		83	

Attachment 2

UB Payor Codes

The following is the required format for payor codes on the Uniform Bill data submitted to the West Virginia Health Care Authority (HCA). All bills for inpatients discharged after December 31, 1995 must include this coding scheme.

Field Attributes: 1 field
5 positions
Alphanumeric
All positions fully coded

Note: The 5-digit code requires 1 digit each in the following sequence:

1. HCA Notation
2. Type of Payor
3. Payment Program
4. Payment Modality
5. HMO

All positions must be fully coded. The coding structure that follows can be used to determine the appropriate code for any payor. A sample list of payor codes is also included.

Coding Structure

	HCA Notation	1 st Digit
		H
	Type of Payor	2 nd Digit
	FEDERAL GOVERNMENT	1
	WV STATE GOVERNMENT	2
	OTHER STATES' GOVERNMENT	3
	COMMERCIAL	4
	NON-PROFIT	5
	EMPLOYER/ERISA/UNION	6
	UNINSURED	7
	UNKNOWN	8
	NEC	9
2 nd Digit	Payment Program	3 rd Digit
1	MEDICARE	1
1	DOL-BLACK LUNG	2
1	RAILROAD WORKERS	3
1	UMWA TRUSTS	4
1	VETERANS ADMINISTRATION	5
1	FEDERAL BUR CORRECTIONS	6

NEC- Not Elsewhere Classified

FFS- Fee for Service

HMO- Health Maintenance Organization

MGC- Managed Care

POS- Point of Service

PPS- Prospective Payment System (DRGs)

1	CHAMPUS	7
1	(RESERVED)	8
1	FEDERAL NEC	9
2	WV MEDICAID	1
2	WV WORKERS' COMP	2
2	WV VOCATIONAL REHABILITATION	3
2	WV PEIA	4
2	WV MATERNAL & CHILD HEALTH	5
2	WV DEPARTMENT OF CORRECTIONS	6
2	WV COUNTY/LOCAL CORRECTIONS	7
2	WV CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) - Effective 1/1/2006	8
2	WV GOVERNMENT NEC	9
3	OTHER STATES' MEDICAID	1
3	OTHER STATES' WORKERS' COMP	2
3	(UNASSIGNED)	3-7
3	(RESERVED)	8
3	OTHER STATES' GOVERNMENT NEC	9
4	ACORDIA	1
4	ADVANTAGE	2
4	AETNA	3

NEC- Not Elsewhere Classified
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4	HEALTH PLAN OF THE UPPER OHIO VALLEY	4
4	PRUDENTIAL	5
4	(UNASSIGNED)	6-7
4	(RESERVED)	8
4	COMMERCIAL NEC	9
5	AARP	1
5	BLUE CROSS OF VA	2
5	MOUNTAIN STATE BLUE CROSS	3
5	OTHER BLUES	4
5	ACCESSWV - Effective 1/18/2006	5
5	WEST VIRGINIA SMALL BUSINESS PLAN - Effective 1/18/2006	6
5	(UNASSIGNED)	7
5	(RESERVED)	8
5	NON-PROFIT NEC	9
6	CAMCARE	1
6	NATIONAL ASSOCIATION LETTER CARRIERS	2
6	TEAMSTERS	3
6	UMWA	4

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6	(UNASSIGNED)	5-7
6	(RESERVED)	8
6	EMPLOYER/ERISA/UNION NEC	9
7	SELF-PAY	1
7	CHARITY	2
7	(RESERVED)	3-9
8	UNKNOWN	8
9	NEC	9
	Payment Modality	4th Digit
	FEE-FOR-SERVICE/INDEMNITY (FFS)	1
	DRG PROSPECTIVE PAYMENT SYSTEM (PPS)	2
	POINT OF SERVICE (POS)	3
	HMO	4
	OTHER MANAGED CARE	5
	(UNASSIGNED)	6
	(UNASSIGNED)	7
	UNKNOWN	8
	NEC	9

NEC- Not Elsewhere Classified
 FFS- Fee for Service
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 PPS- Prospective Payment System (DRGs)

	HMO	5th Digit
	NONE	0
	PRIMEONE	1
	ADVANTAGE-HEALTHGUARD	2
	CARELINK	3
	COVENTRY HEALTH PLAN (OH)	4
	HEALTH PLAN OF THE UPPER OHIO VALLEY (OH)	5
	OPTIMUM CHOICE - (MD)	6
	(UNASSIGNED)	7
	UNKNOWN	8
	NEC	9

NEC- Not Elsewhere Classified
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Sample Payor Listing

Category	Payer	Code
Federal Government	MEDICARE	H1110
	MEDICARE PPS	H1120
	MEDICARE MGC	H1159
	DOL - BLACK LUNG	H1210
	RAILROAD WORKERS	H1310
	UMWA TRUSTS	H1410
	VETERANS ADMINISTRATION	H1510
	FEDERAL BUR CORRECTIONS	H1610
	CHAMPUS FFS	H1710
	CHAMPUS PPS	H1720
	FEDERAL NEC	H1910
WV State Government	WV MEDICAID FFS	H2110
	WV MEDICAID PPS	H2120
	WV MEDICAID MGC	H2159
	WV WORKERS' COMP FFS	H2210
	WV WORKERS' COMP PPS	H2220
	WV VOCATIONAL REHABILITATION	H2310
	WV PEIA FFS	H2410
	WV PEIA PPS	H2420

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WV State Government	WV PEIA POS	H2430
	WV PEIA - PRIMEONE	H2441
	WV PEIA - HEALTHGUARD	H2442
	WV PEIA - CARELINK	H2443
	WV PEIA - HEALTH PLAN OF UPPER OHIO VALLEY	H2445
	WV PEIA - OPTIMUM CHOICE	H2446
	WV DHHR MATERNAL & CHILD HEALTH	H2510
	WV DEPARTMENT OF CORRECTIONS	H2610
	WV COUNTY/LOCAL CORRECTIONS	H2710
	WV CHILDREN'S HEALTH INSURANCE PROGRAM PPS	H2820
	WV GOVERNMENT NEC	H2988
Other States' Government	OTHER STATES' MEDICAID	H3188
	OTHER STATES' WORKERS' COMP	H3288
	OTHER STATES' GOVERNMENT NEC	H3988
Commercial Insurers	ACORDIA FFS	H4110
	ACORDIA POS	H4130
	ADVANTAGE FFS	H4210
	ADVANTAGE POS	H4230
	ADVANTAGE HEALTHGUARD	H4242
	AETNA	H4310

NEC- Not Elsewhere Classified

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024

Commercial Insurers	COMMERCIAL NEC FFS	H4910
	COMMERCIAL NEC POS	H4930
	COMMERCIAL NEC HMO	H4949
	COMMERCIAL NEC	H4988
Non-profits	AARP FFS	H5110
	BLUE CROSS OF VA FFS	H5210
	MOUNTAIN STATE BLUE CROSS FFS	H5310
	MOUNTAIN STATE BLUE CROSS POS	H5330
	OTHER BLUES	H5488
	NON-PROFIT NEC	H5988
Employer/Erisa/Union	CAMCARE FFS	H6110
	CAMCARE - CARELINK	H6143
	NATIONAL ASSOCIATION LETTER CARRIERS	H6210
	TEAMSTERS	H6310
	UMWA	H6410
	EMPLOYER/ERISA/UNION NEC	H6988
Uninsured	SELF-PAY	H7110
	CHARITY	H7210

NEC- Not Elsewhere Classified

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025

14:27 Monday, April 24, 2006 1

The CONTENTS Procedure

Data Set Name	D:\My SAS Files\9.1\Latest UB Working Files\Adjudicated Files\2005\mast05.sd2	Observations	290684
Member Type	DATA	Variables	218
Engine	V6	Indexes	0
Created	Monday, February 27, 2006 10:01:49 AM	Observation Length	1577
Last Modified	Monday, February 27, 2006 10:01:49 AM	Deleted Observations	0
Protection		Compressed	NO
Data Set Type		Sorted	NO
Label			
Data Representation	Default		
Encoding	Default		

Engine/Host Dependent Information

Data Set Page Size	16384
Number of Data Set Pages	29071
First Data Page	2
Max Obs per Page	10
Obs in First Data Page	3
Number of Data Set Repairs	0
File Name	D:\My SAS Files\9.1\Latest UB Working Files\Adjudicated Files\2005\mast05.sd2
Release Created	6.08.00
Host Created	WIN

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
212	ADMIT	Num	8	MMDDYY10.		Admission date
199	AG	Num	8			Age category
200	AGE	Num	3			Patient age on admission-SSS created
13	ANFLAG	Char	1			1 - flag records for analysis file
7	BATCHID	Char	4			SSS batch ID-four digit code
213	BATDATE	Num	8	MMDDYY10.		Date batch prepared
9	BATNO	Char	3			HCA batch number
201	BDAY	Num	3			Patient birth day
214	BILLCAT	Char	3			the first 2 digit of BTYPE
202	BMO	Num	3			Patient birth month
4	BTYPE	Num	3			Type of bill
203	BYEAR	Num	3			Patient birth year
215	B MONTH	Char	12	\$CHAR12.		Billing month flag for the current year
49	CHG1	Num	8			Charges (by revenue code)
50	CHG2	Num	8			Charges (by revenue code)
51	CHG3	Num	8			Charges (by revenue code)
52	CHG4	Num	8			Charges (by revenue code)
53	CHG5	Num	8			Charges (by revenue code)
54	CHG6	Num	8			Charges (by revenue code)
55	CHG7	Num	8			Charges (by revenue code)
56	CHG8	Num	8			Charges (by revenue code)
57	CHG9	Num	8			Charges (by revenue code)
58	CHG10	Num	8			Charges (by revenue code)
59	CHG11	Num	8			Charges (by revenue code)
60	CHG12	Num	8			Charges (by revenue code)
61	CHG13	Num	8			Charges (by revenue code)

14:27 Monday, April 24, 2006 2

The CONTENTS Procedure

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
62	CHG14	Num	8			Charges (by revenue code)
63	CHG15	Num	8			Charges (by revenue code)
64	CHG16	Num	8			Charges (by revenue code)
65	CHG17	Num	8			Charges (by revenue code)
66	CHG18	Num	8			Charges (by revenue code)
67	CHG19	Num	8			Charges (by revenue code)
68	CHG20	Num	8			Charges (by revenue code)
69	CHG21	Num	8			Charges (by revenue code)
70	CHG22	Num	8			Charges (by revenue code)
71	CHG23	Num	8			Charges (by revenue code)
72	CHG24	Num	8			Charges (by revenue code)
73	CHG25	Num	8			Charges (by revenue code)
74	CHG26	Num	8			Charges (by revenue code)
75	CHG27	Num	8			Charges (by revenue code)
76	CHG28	Num	8			Charges (by revenue code)
77	CHG29	Num	8			Charges (by revenue code)
78	CHG30	Num	8			Charges (by revenue code)
79	CHG31	Num	8			Charges (by revenue code)
80	CHG32	Num	8			Charges (by revenue code)
81	CHG33	Num	8			Charges (by revenue code)
82	CHG34	Num	8			Charges (by revenue code)
83	CHG35	Num	8			Charges (by revenue code)
84	CHG36	Num	8			Charges (by revenue code)
85	CHG37	Num	8			Charges (by revenue code)
86	CHG38	Num	8			Charges (by revenue code)
87	CHG39	Num	8			Charges (by revenue code)
88	CHG40	Num	8			Charges (by revenue code)
89	CHG41	Num	8			Charges (by revenue code)
90	CHG42	Num	8			Charges (by revenue code)
91	CHG43	Num	8			Charges (by revenue code)
92	CHG44	Num	8			Charges (by revenue code)
93	CHG45	Num	8			Charges (by revenue code)
188	CHG_FLAG	Num	3			1=more than 45 charge elements, 0=not
14	COMBFLAG	Char	1			1 - flag new combined records
216	COMPLETE	Char	1			Y-complete discharge, N-incomplete
191	COUNTY	Char	10		SCHAR10.	Patient county
192	CTYPE	Char	8			State/county groupings
26	DIAG1	Char	6			Principle diagnosis
27	DIAG2	Char	6			Other diagnosis
28	DIAG3	Char	6			Other diagnosis
29	DIAG4	Char	6			Other diagnosis
30	DIAG5	Char	6			Other diagnosis
31	DIAG6	Char	6			Other diagnosis
32	DIAG7	Char	6			Other diagnosis
33	DIAG8	Char	6			Other diagnosis
34	DIAG9	Char	6			Other diagnosis
15	DISCTYPE	Char	1			H-inpatient, L-LTC, S-Swing bed, O-others
42	DRG	Num	3			DRG imported from DRGv23.txt
44	DRG_APS	Num	4			APS-DRG in effect on discharge date
41	ECODE	Char	6			External cause of injury
210	EDATE	Num	8	MMDDYY10.	10.	Discharge date-Ending date of hosp stay

027

14:27 Monday, April 24, 2006 3

The CONTENTS Procedure

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
208	FEIN	Char	10			Federal tax number
193	GRP	Num	8			Category of state and county groupings
20	HMO	Char	3			HMO payor type
2	HOSPID	Char	4			SSS hospital ID-four digit code
6	HOSPID2	Char	4			SSS hospital-unit ID-four digit code
197	LOS	Num	8			Length of stay in days-SSS created
12	MASTERF	Char	1			1 - flag records for master file
46	MDC	Char	3			MDC imported from DRGV23.txt
45	MDC_APS	Num	4			APS-MDC in effect on discharge date
217	MDC_HCF	Num	3			HCFA-MDC in effect on discharge date
11	MON	Num	8			Month of EDATE
218	MRN	Char	17			Medical record number
204	MSTAT	Char	1			Marital status
18	NEWPAY1	Num	8			Primary payor without leading H
19	NEWPAY2	Num	8			Secondary payor without leading H
16	NPAYOR1	Char	5			Primary payor
17	NPAYOR2	Char	5			Secondary payor
3	PATNO	Char	20			Patient control number
22	PAYGRP	Num	3			Payor group
23	PAYOR1	Num	8			Primary payor
24	PAYOR2	Num	8			Secondary payor
25	PAYTYP	Char	2			The first 2 digits of NEWPAY1
195	PID1	Char	16			Attending physician ID
196	PID2	Char	16			Other physician ID
184	PRMRC	Num	8			Primary Revenue Code - 99 is missing
35	PROC1	Char	7			Principle procedure
36	PROC2	Char	7			Other procedure
37	PROC3	Char	7			Other procedure
38	PROC4	Char	7			Other procedure
39	PROC5	Char	7			Other procedure
40	PROC6	Char	7			Other procedure
1	PROV	Char	13			Medical provider number (detailed)
5	PROVM	Char	13			Main hospital medicare provider number
205	PSTAT	Char	2			Patient status
94	RC1	Num	8			Revenue code
95	RC2	Num	8			Revenue code
96	RC3	Num	8			Revenue code
97	RC4	Num	8			Revenue code
98	RC5	Num	8			Revenue code
99	RC6	Num	8			Revenue code
100	RC7	Num	8			Revenue code
101	RC8	Num	8			Revenue code
102	RC9	Num	8			Revenue code
103	RC10	Num	8			Revenue code
104	RC11	Num	8			Revenue code
105	RC12	Num	8			Revenue code
106	RC13	Num	8			Revenue code
107	RC14	Num	8			Revenue code
108	RC15	Num	8			Revenue code
109	RC16	Num	8			Revenue code
110	RC17	Num	8			Revenue code

028

14:27 Monday, April 24, 2006 4

The CONTENTS Procedure

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
111	RC18	Num	8			Revenue code
112	RC19	Num	8			Revenue code
113	RC20	Num	8			Revenue code
114	RC21	Num	8			Revenue code
115	RC22	Num	8			Revenue code
116	RC23	Num	8			Revenue code
117	RC24	Num	8			Revenue code
118	RC25	Num	8			Revenue code
119	RC26	Num	8			Revenue code
120	RC27	Num	8			Revenue code
121	RC28	Num	8			Revenue code
122	RC29	Num	8			Revenue code
123	RC30	Num	8			Revenue code
124	RC31	Num	8			Revenue code
125	RC32	Num	8			Revenue code
126	RC33	Num	8			Revenue code
127	RC34	Num	8			Revenue code
128	RC35	Num	8			Revenue code
129	RC36	Num	8			Revenue code
130	RC37	Num	8			Revenue code
131	RC38	Num	8			Revenue code
132	RC39	Num	8			Revenue code
133	RC40	Num	8			Revenue code
134	RC41	Num	8			Revenue code
135	RC42	Num	8			Revenue code
136	RC43	Num	8			Revenue code
137	RC44	Num	8			Revenue code
138	RC45	Num	8			Revenue code
47	RTC_APS	Num	3			Return code of APS DRG and MDC
48	RTC_HCF	Num	3			Return code of HCFA DRG and MDC
211	SDATE	Num	8	MMDDYY10.		Admission date-Begin date of hosp stay
21	SERV Typ	Num	8			Service Type for Casemix
198	SEX	Char	1			Patient sex
206	SRCE	Char	1			Source of admission
194	STATE	Char	2			Patient state
209	STEPNUM	Num	3			Processing step number
185	TACHG	Num	8			Total Ancillary Charges
186	TCHG	Num	8			Total charge-SSS created (rectype=50,60)
187	TRCHG	Num	8			Total Room Charges
207	TYPEAD	Char	1			Type of admission
139	U1	Num	8			Units of service
140	U2	Num	8			Units of service
141	U3	Num	8			Units of service
142	U4	Num	8			Units of service
143	U5	Num	8			Units of service
144	U6	Num	8			Units of service
145	U7	Num	8			Units of service
146	U8	Num	8			Units of service
147	U9	Num	8			Units of service
148	U10	Num	8			Units of service
149	U11	Num	8			Units of service

14:27 Monday, April 24, 2006 5

The CONTENTS Procedure
 Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
150	U12	Num	8			Units of service
151	U13	Num	8			Units of service
152	U14	Num	8			Units of service
153	U15	Num	8			Units of service
154	U16	Num	8			Units of service
155	U17	Num	8			Units of service
156	U18	Num	8			Units of service
157	U19	Num	8			Units of service
158	U20	Num	8			Units of service
159	U21	Num	8			Units of service
160	U22	Num	8			Units of service
161	U23	Num	8			Units of service
162	U24	Num	8			Units of service
163	U25	Num	8			Units of service
164	U26	Num	8			Units of service
165	U27	Num	8			Units of service
166	U28	Num	8			Units of service
167	U29	Num	8			Units of service
168	U30	Num	8			Units of service
169	U31	Num	8			Units of service
170	U32	Num	8			Units of service
171	U33	Num	8			Units of service
172	U34	Num	8			Units of service
173	U35	Num	8			Units of service
174	U36	Num	8			Units of service
175	U37	Num	8			Units of service
176	U38	Num	8			Units of service
177	U39	Num	8			Units of service
178	U40	Num	8			Units of service
179	U41	Num	8			Units of service
180	U42	Num	8			Units of service
181	U43	Num	8			Units of service
182	U44	Num	8			Units of service
183	U45	Num	8			Units of service
8	UNIQUE	Char	6			HCA unique hospital number
43	WEIGHT	Num	8			DRG weights
10	YEAR	Num	8			Year of EDATE
189	ZIP	Char	5			Patient zipcode
190	ZIP4	Char	4			Patient zipcode 4

14:27 Monday, April 24, 2006 1

The CONTENTS Procedure

Data Set Name	D:\My SAS Files\9.1\Latest UB Working Files\Adjudicated Files\2005\mast05_2.sd2	Observations	86
Member Type	DATA	Variables	234
Engine	V6	Indexes	0
Created	Friday, February 24, 2006 05:42:39 PM	Observation Length	1839
Last Modified	Friday, February 24, 2006 05:42:39 PM	Deleted Observations	0
Protection		Compressed	NO
Data Set Type		Sorted	NO
Label			
Data Representation	Default		
Encoding	Default		

Engine/Host Dependent Information

Data Set Page Size	16384
Number of Data Set Pages	13
First Data Page	2
Max Obs per Page	8
Obs in First Data Page	1
Number of Data Set Repairs	0
File Name	D:\My SAS Files\9.1\Latest UB Working Files\Adjudicated Files\2005\mast05_2.sd2
Release Created	6.08.00
Host Created	WIN

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
10	ANFLAG	Char	1			1 - flag records for analysis file
7	BATCHID	Char	4			SSS batch ID-four digit code
8	BATNO	Char	3			HCA batch number
4	BTPE	Num	3			Type of bill
13	CHG46	Num	8			Charges (by revenue code)
14	CHG47	Num	8			Charges (by revenue code)
15	CHG48	Num	8			Charges (by revenue code)
16	CHG49	Num	8			Charges (by revenue code)
17	CHG50	Num	8			Charges (by revenue code)
18	CHG51	Num	8			Charges (by revenue code)
19	CHG52	Num	8			Charges (by revenue code)
20	CHG53	Num	8			Charges (by revenue code)
21	CHG54	Num	8			Charges (by revenue code)
22	CHG55	Num	8			Charges (by revenue code)
23	CHG56	Num	8			Charges (by revenue code)
24	CHG57	Num	8			Charges (by revenue code)
25	CHG58	Num	8			Charges (by revenue code)
26	CHG59	Num	8			Charges (by revenue code)
27	CHG60	Num	8			Charges (by revenue code)
28	CHG61	Num	8			Charges (by revenue code)
29	CHG62	Num	8			Charges (by revenue code)
30	CHG63	Num	8			Charges (by revenue code)
31	CHG64	Num	8			Charges (by revenue code)
32	CHG65	Num	8			Charges (by revenue code)
33	CHG66	Num	8			Charges (by revenue code)
34	CHG67	Num	8			Charges (by revenue code)

031

14:27 Monday, April 24, 2006 2

The CONTENTS Procedure
 Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
35	CHG68	Num	8			Charges (by revenue code)
36	CHG69	Num	8			Charges (by revenue code)
37	CHG70	Num	8			Charges (by revenue code)
38	CHG71	Num	8			Charges (by revenue code)
39	CHG72	Num	8			Charges (by revenue code)
40	CHG73	Num	8			Charges (by revenue code)
41	CHG74	Num	8			Charges (by revenue code)
42	CHG75	Num	8			Charges (by revenue code)
43	CHG76	Num	8			Charges (by revenue code)
44	CHG77	Num	8			Charges (by revenue code)
45	CHG78	Num	8			Charges (by revenue code)
46	CHG79	Num	8			Charges (by revenue code)
47	CHG80	Num	8			Charges (by revenue code)
48	CHG81	Num	8			Charges (by revenue code)
49	CHG82	Num	8			Charges (by revenue code)
50	CHG83	Num	8			Charges (by revenue code)
51	CHG84	Num	8			Charges (by revenue code)
52	CHG85	Num	8			Charges (by revenue code)
53	CHG86	Num	8			Charges (by revenue code)
54	CHG87	Num	8			Charges (by revenue code)
55	CHG88	Num	8			Charges (by revenue code)
56	CHG89	Num	8			Charges (by revenue code)
57	CHG90	Num	8			Charges (by revenue code)
58	CHG91	Num	8			Charges (by revenue code)
59	CHG92	Num	8			Charges (by revenue code)
60	CHG93	Num	8			Charges (by revenue code)
61	CHG94	Num	8			Charges (by revenue code)
62	CHG95	Num	8			Charges (by revenue code)
63	CHG96	Num	8			Charges (by revenue code)
64	CHG97	Num	8			Charges (by revenue code)
65	CHG98	Num	8			Charges (by revenue code)
66	CHG99	Num	8			Charges (by revenue code)
67	CHG100	Num	8			Charges (by revenue code)
68	CHG101	Num	8			Charges (by revenue code)
69	CHG102	Num	8			Charges (by revenue code)
70	CHG103	Num	8			Charges (by revenue code)
71	CHG104	Num	8			Charges (by revenue code)
72	CHG105	Num	8			Charges (by revenue code)
73	CHG106	Num	8			Charges (by revenue code)
74	CHG107	Num	8			Charges (by revenue code)
75	CHG108	Num	8			Charges (by revenue code)
76	CHG109	Num	8			Charges (by revenue code)
77	CHG110	Num	8			Charges (by revenue code)
78	CHG111	Num	8			Charges (by revenue code)
79	CHG112	Num	8			Charges (by revenue code)
80	CHG113	Num	8			Charges (by revenue code)
81	CHG114	Num	8			Charges (by revenue code)
82	CHG115	Num	8			Charges (by revenue code)
83	CHG116	Num	8			Charges (by revenue code)
84	CHG117	Num	8			Charges (by revenue code)
85	CHG118	Num	8			Charges (by revenue code)

032

14:27 Monday, April 24, 2006 3

The CONTENTS Procedure

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
86	CHG119	Num	8			Charges (by revenue code)
11	COMBFLAG	Char	1			1 - flag new combined records
12	DISCTYPE	Char	1			H-inpatient, L-LTC, S-Swing bed, O-others
3	EDATE	Num	8	MMDYY10.	10.	Discharge date-Ending date of hosp stay
1	HOSPID	Char	4			SSS hospital ID-four digit code
6	HOSPID2	Char	4			SSS hospital-unit ID-four digit code
9	MASTERF	Char	1			1 - flag records for master file
2	PATNO	Char	20			Patient control number
5	PROV	Char	13			Medical provider number (detailed)
87	RC46	Num	8			Revenue code
88	RC47	Num	8			Revenue code
89	RC48	Num	8			Revenue code
90	RC49	Num	8			Revenue code
91	RC50	Num	8			Revenue code
92	RC51	Num	8			Revenue code
93	RC52	Num	8			Revenue code
94	RC53	Num	8			Revenue code
95	RC54	Num	8			Revenue code
96	RC55	Num	8			Revenue code
97	RC56	Num	8			Revenue code
98	RC57	Num	8			Revenue code
99	RC58	Num	8			Revenue code
100	RC59	Num	8			Revenue code
101	RC60	Num	8			Revenue code
102	RC61	Num	8			Revenue code
103	RC62	Num	8			Revenue code
104	RC63	Num	8			Revenue code
105	RC64	Num	8			Revenue code
106	RC65	Num	8			Revenue code
107	RC66	Num	8			Revenue code
108	RC67	Num	8			Revenue code
109	RC68	Num	8			Revenue code
110	RC69	Num	8			Revenue code
111	RC70	Num	8			Revenue code
112	RC71	Num	8			Revenue code
113	RC72	Num	8			Revenue code
114	RC73	Num	8			Revenue code
115	RC74	Num	8			Revenue code
116	RC75	Num	8			Revenue code
117	RC76	Num	8			Revenue code
118	RC77	Num	8			Revenue code
119	RC78	Num	8			Revenue code
120	RC79	Num	8			Revenue code
121	RC80	Num	8			Revenue code
122	RC81	Num	8			Revenue code
123	RC82	Num	8			Revenue code
124	RC83	Num	8			Revenue code
125	RC84	Num	8			Revenue code
126	RC85	Num	8			Revenue code
127	RC86	Num	8			Revenue code
128	RC87	Num	8			Revenue code

033

14:27 Monday, April 24, 2006 4

The CONTENTS Procedure
 Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
129	RC88	Num	8			Revenue code
130	RC89	Num	8			Revenue code
131	RC90	Num	8			Revenue code
132	RC91	Num	8			Revenue code
133	RC92	Num	8			Revenue code
134	RC93	Num	8			Revenue code
135	RC94	Num	8			Revenue code
136	RC95	Num	8			Revenue code
137	RC96	Num	8			Revenue code
138	RC97	Num	8			Revenue code
139	RC98	Num	8			Revenue code
140	RC99	Num	8			Revenue code
141	RC100	Num	8			Revenue code
142	RC101	Num	8			Revenue code
143	RC102	Num	8			Revenue code
144	RC103	Num	8			Revenue code
145	RC104	Num	8			Revenue code
146	RC105	Num	8			Revenue code
147	RC106	Num	8			Revenue code
148	RC107	Num	8			Revenue code
149	RC108	Num	8			Revenue code
150	RC109	Num	8			Revenue code
151	RC110	Num	8			Revenue code
152	RC111	Num	8			Revenue code
153	RC112	Num	8			Revenue code
154	RC113	Num	8			Revenue code
155	RC114	Num	8			Revenue code
156	RC115	Num	8			Revenue code
157	RC116	Num	8			Revenue code
158	RC117	Num	8			Revenue code
159	RC118	Num	8			Revenue code
160	RC119	Num	8			Revenue code
161	U46	Num	8			Units of service
162	U47	Num	8			Units of service
163	U48	Num	8			Units of service
164	U49	Num	8			Units of service
165	U50	Num	8			Units of service
166	U51	Num	8			Units of service
167	U52	Num	8			Units of service
168	U53	Num	8			Units of service
169	U54	Num	8			Units of service
170	U55	Num	8			Units of service
171	U56	Num	8			Units of service
172	U57	Num	8			Units of service
173	U58	Num	8			Units of service
174	U59	Num	8			Units of service
175	U60	Num	8			Units of service
176	U61	Num	8			Units of service
177	U62	Num	8			Units of service
178	U63	Num	8			Units of service
179	U64	Num	8			Units of service

14:27 Monday, April 24, 2006 5

The CONTENTS Procedure

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
180	U65	Num	8			Units of service
181	U66	Num	8			Units of service
182	U67	Num	8			Units of service
183	U68	Num	8			Units of service
184	U69	Num	8			Units of service
185	U70	Num	8			Units of service
186	U71	Num	8			Units of service
187	U72	Num	8			Units of service
188	U73	Num	8			Units of service
189	U74	Num	8			Units of service
190	U75	Num	8			Units of service
191	U76	Num	8			Units of service
192	U77	Num	8			Units of service
193	U78	Num	8			Units of service
194	U79	Num	8			Units of service
195	U80	Num	8			Units of service
196	U81	Num	8			Units of service
197	U82	Num	8			Units of service
198	U83	Num	8			Units of service
199	U84	Num	8			Units of service
200	U85	Num	8			Units of service
201	U86	Num	8			Units of service
202	U87	Num	8			Units of service
203	U88	Num	8			Units of service
204	U89	Num	8			Units of service
205	U90	Num	8			Units of service
206	U91	Num	8			Units of service
207	U92	Num	8			Units of service
208	U93	Num	8			Units of service
209	U94	Num	8			Units of service
210	U95	Num	8			Units of service
211	U96	Num	8			Units of service
212	U97	Num	8			Units of service
213	U98	Num	8			Units of service
214	U99	Num	8			Units of service
215	U100	Num	8			Units of service
216	U101	Num	8			Units of service
217	U102	Num	8			Units of service
218	U103	Num	8			Units of service
219	U104	Num	8			Units of service
220	U105	Num	8			Units of service
221	U106	Num	8			Units of service
222	U107	Num	8			Units of service
223	U108	Num	8			Units of service
224	U109	Num	8			Units of service
225	U110	Num	8			Units of service
226	U111	Num	8			Units of service
227	U112	Num	8			Units of service
228	U113	Num	8			Units of service
229	U114	Num	8			Units of service
230	U115	Num	8			Units of service

14:27 Monday, April 24, 2006 6

The CONTENTS Procedure

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Informat	Label
231	U116	Num	8			Units of service
232	U117	Num	8			Units of service
233	U118	Num	8			Units of service
234	U119	Num	8			Units of service

036

WV HCA Edit Check Specification

Batch-Level Edit Check #	Edit check	Condition
BADCNT	Invalid # of reported records	# of reported records is not confirmed
BADID	Invalid detailed Medicare provider ID or SSS internal ID	Detailed Medicare provider ID (PROV) is not on the WV hospital list or the SSS' internal ID (HOSPID) is not consistent with PROV
E1	Missing or invalid ZIP code	More than 10% of the records (except Grant Memorial Hospital - H160)- Exception removed 10/1/06
E2-Edit removed as of 10/1/06	No secondary payors	All records
E3	Low percent of secondary diagnosis	More than 40% of the records
E4-Edit removed as of 10/1/06	No principal procedure	No edit as of 4/20/98 (see M.B.A. e-mail dated (4/1/98)
E5	Admission type identical	All records
E6	Admission source identical	All records
E7	Patient status identical	All records
E8	No revenue code of 175	Hospitals with NICUs

Discharge-Level Edit Check #	Edit check	Condition
E9	Complete duplicate records	All elements identical
E10	Duplicate record IDs	PROV, PATNO, EDATE, BTYPE

037

Rejection Element-Level Edit #	Edit check	Condition
E0	Discharge prior to current period	Valid EDATE and before 01/01/200X-Current year
E11	Missing patient control number	Not provided
E12	Missing bill type	Not provided
E13	Invalid bill type	Not 11X, 12X, 21X, 18X
E14	Missing statement covers period	Not provided year, month or day of SDATE or EDATE
E15	Invalid statement covers period	EDATE < SDATE or SDATE <= 1992 or SDATE > BATDATE
E16	Missing patient birth date	Not provided year, month or day
E17	Invalid patient birth date	Date not valid or later than admission date or earlier than 120 years prior to admission date
E18	Missing patient sex	Not provided
E19	Invalid patient sex	Values other than M, F or U
E20	Missing admission date	Not provided year, month or day
E21	Invalid admission date	Invalid or SDATE later than BATDATE
E22	Missing type of admission	Not provided
E23	Invalid type of admission	Values other than: Emergency (1), Urgent (2), Elective (3), Newborn (4), Trauma Center (5) Not Available (9)
E24	Missing source of admission	Not provided
E25	Invalid source of admission	Values other than 1-9,A,B,C or other than 1-4, 9 for TYPEAD = 4
E26	Missing patient status	Not provided
E27	Invalid patient status	Values other than acceptable discharge status categories (01-09, 20, 30, 40, 41, 42,43, 50,51,61,62,63,64,65)
E28	Missing revenue codes	Not provided when unit or charge provided

Rejection Element-Level Edit #	Edit check	Condition
E29	Missing total charges	Not provided
E30	Invalid total charges	If present (search records type 50 & 60), TCHG < 0 or TCHG calculated total charge (+/-5%). If not present, TCHG = calculated total charge
E31	Missing revenue charges	All charges are missing or not provided when revenue code or unit provided
E32	Invalid revenue charges	Values < 0 or > total charges
E33	Missing primary payor	Not provided
E34	Invalid primary payor	Not on HCA list, Reserved or Unassigned
E35	Missing Medicare provider ID	Not provided
E36	Invalid Medicare provider ID	Values < 6 digits or the first two are not equal to 51
E37	Missing principal diagnosis	Not provided
E38	Invalid principal diagnosis	Not a valid code
E39	Invalid principal procedure	Not a valid code
E40	Multiple total charges	Multiple 001 revenue codes
E41	Discharge date later than today's day	EDATE>Today
E42	SDATE precedes ADMIT	SDATE<ADMIT

Questionable Element-Level Edit #	Edit Check	Condition
E60	Missing ZIP code	Not provided
E61	Invalid ZIP code	Not valid U.S. code (except Grant Memorial Hospital - H160)- Exception removed as of 10/1/06
E62	Missing marital status	Not provided

Questionable Element-Level Edit #	Edit Check	Condition
E64 Rejection as of 10/1/06	Invalid revenue codes	Values other than 001, 10X-99X
E65 Rejection as of 10/1/06	Missing units of service	Not provided when revenue code or charge provided
E66 Rejection as of 10/1/06	Invalid units of service	Values < 0
E67	Questionable total charges	TCHG < \$100 or TCHG > \$5,000 (per day) New Parameters as of 10/1/06: TCHG < \$100 if BTYPE <> 115 or TCHG > \$10,000 (per day)
E68 Rejection as of 10/1/06	Invalid secondary payor	Not on HCA list
E69 Rejection as of 10/1/06	Invalid diagnosis 2-9	Not a valid ICD-9-CM code
E70	External Cause of Injury is invalid	Length <4 for E code or Not (E800 - E9999)
E71 Rejection as of 10/1/06	Procedures 2-6 are invalid	Not a valid ICD-9-CM code
E72 Rejection as of 10/1/06	Attending Physician IDs are missing	Not provided
E86 Rejection as of 10/1/06	Medicare provider number does not match the bill type	a) 3 rd digit of PROV = 0,1,2,3,4,S,T BTYPE=1xx, except 18x b) 3 rd digit of PROV =U or Z BTYPE=18x c) 3 rd digit of PROV =5 BTYPE=2xx
E87	Revenue code 036X on the UB with no procedure code	036X are present on the UB and no procedure codes are present

Note: For revenue code, unit, and charge, a missing value edit flag is set whenever the value is missing and at least one of the other two is not missing.