

DataLink

Frequently Asked Questions, Version 1.0

1. Where does the data that is populated within DataLink come from?
 - a. Every hospital in the state of Indiana participates in IHA's IDS/OS data submission to be compliant with Indiana Hospital Financial Disclosure Law. Data is populated according to IHA's data file specification and is submitted monthly to IHA. Typically, either IT or HIM are responsible for submitting the data.
2. What data is included in IDS/OS?
 - a. Hospital Discharge Data, Ambulatory Surgery Data, and ER Visits.
3. What is available as of 3/1/2019?
 - a. 31 Dashboards and over 20 filtering data elements.
4. What is the start of the data that's available in DataLink?
 - a. 1Q-2016-3Q2018 is currently available
5. How often is data updated in DataLink?
 - a. Quarterly
6. What financial data is available in DataLink?
 - a. Currently, DataLink has total charges information available. This is the same data set that is used in several other IHA data products, including mycareINSight.org
7. How does IHA determine Inpatient Service Lines?
 - a. Once receiving data from each hospital, IHA performs a series of edits on the master patient data set, including assigning inpatients to service lines defined by DRG. The grouper used is the 3M grouping tool.
 - b. DRG data is provided both at the MS-DRG and APR-DRG level. APR-DRG allows for severity and risk of mortality data to be analyzed.
8. How does IHA classify its Payor Source?
 - a. IHA, in its File Specification, allows each hospital to define what payor types align to each payor classification. IHA's payor classifications are:
 - i. Medicare: Title XVIII of Social Security Act – Traditional Fee for Service (Part A and Part B) Medicare Advantage, (Part C) is an expanded set of options for the delivery of health care under Medicare, created in the Balanced Budget Act passed by Congress in 1997. The term Medicare Advantage refers to options other than original Medicare.
 - ii. Medicaid 2 Title XIX of Social Security Act, Aid to Dependent Children and similar state and local programs - Traditional Fee for Service Medicaid Hoosier Care Connect Hoosier Healthwise HIP 2.0 - HIP 2.0 is the State of Indiana's plan to improve and expand the successful Healthy Indiana Plan (HIP) and concurrently replace traditional Medicaid in Indiana for all non-disabled Hoosiers ages 19-64.
 - iii. Other Government 3 Third parties other than the above, such as Indian Health Service, and CHAMPUS.

- iv. Commercial Insurance 4 Any commercial or private insurance company including insurance purchased through the Marketplace (Healthcare.gov) which reimburses the hospital for their charges or some percent of their charges. This also includes parties, such as health maintenance organizations (HMO), preferred provider organizations (PPO), and comprehensive medical plans (CMP). Workmen’s Compensation is included in Commercial Insurance. 11
 - v. Self Pay 5 Includes services for which a patient has no third party payment arrangement or plans to handle the relations with a third party payer personally and, thereby, is personally liable for the services rendered. Also included are patients with no health insurance coverage for any health care service, health insurance that does not cover a particular service rendered or health insurance that does not cover the particular procedure for which the individual sought treatment.
 - vi. Other/Unknown 6 Includes, unknown and other sources not specified above
9. What does DataLink provide from a Quality and Patient Safety reports?
- a. DataLink provides several reports:
 - i. AHRQ for IQI, PSI, and PQI reporting. Please note there is a details tab on the front of each dashboard that explains methodology.
 - ii. Hospital Acquired Condition reporting. HACs are defined by the CMS HAC list located at (https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitalacqcond/icd10_hacs.html)
 - iii. Mortality Reporting. Mortalities are defined by an inpatient discharge status as “Expired”. This is defined in the IHA Specification Manual.
 - iv. Sepsis Reporting. Please note there is a details tab on the front of the Sepsis dashboard that explains methodology.
10. I want to add a user to DataLink. How do I do that?
- a. Please contact either Ryan Prentice (rprentice@ihaconnect.org) or Matthew Browning (mattbrowning@ihaconnect.org) with the following information:
 - i. Name
 - ii. Role
 - iii. Email Address
11. I have questions about DataLink, who do I contact?
- a. Ryan Prentice, IHA Business Intelligence Specialist, rprentice@ihaconnect.org, 317-423-7745
 - b. Matthew Browning, VP, Data and Member Solutions, mattbrowning@ihaconnect.org, 317-423-7739
12. I don’t see data elements that I think would be helpful, what are IHA’s plans to enhance DataLink after launch?
- a. IHA will begin a new cycle of report development and release, initially envisioned to be monthly. Each month, a notification to membership will be sent that a new report is now available.
 - b. If there are specific reports that are needed, please contact either Ryan Prentice or Matthew Browning