

DATA SUBMISSION PROCESS

Data is submitted to NPIC/QAS on a quarterly basis generally within 45-60 days after the close of the quarter. The file is patient specific and comprised of discharge abstract/UB 04 data (also referred to as an “administrative data set”). An administrative data set usually includes most of the elements found in the NPIC/QAS Core Data Set. Hospitals can elect to program their files using the NPIC/QAS data layout or submit a **copy** of an administrative data file given to their state or other data vendor. NPIC/QAS staff will work closely with your IT/ MIS staff to make the submission of the data as efficient as possible. Perinatal variables (APGAR, gestational age, parity, gravida, etc.) **not** on the source file can be submitted as a supplemental file and merged into your NPIC/QAS data submission.

Data submitted includes **all** discharges for the quarter; however, some hospitals elect to submit perinatal discharges only (Major Diagnostic Category 14: Pregnancy, Childbirth and the Puerperium and all discharges 0-28 days old at admission).

Secure File Uploads

NPIC/QAS can accept data electronically via email attachment, FTP transfer or SSL upload through the NPIC/QAS web site. FTP transfer or email attachments are not secure methods of transmission unless the file is encrypted. **The use of our SSL upload website is compatible with all firewalls and is our preferred method of data transmission, because it guarantees encryption from the sender to NPIC/QAS.** NPIC/QAS will work with your technical staff to set up this process.

Data Validation

Each quarterly data submission is processed through our initial validation programs resulting in a Validation Report profiling the cases on the file for the given timeframe. The Validation Report is 10-12 pages of aggregate information displayed by DRG, payer, discharge disposition, birthweight, charge categories, etc. The Validation Report is sent to your hospital for review. It includes a commentary on the completeness of the data and any corrections we would like your hospital to submit. If you are comfortable with the accuracy of the data we ask that you “sign off” on the file prior to creation of your Quarterly Report.

