**DATA SUBMISSION INSTRUCTIONS**

**As per NRS 449.485 all licensed Nevada hospitals and ambulatory surgical centers are required to submit patient level billing data, on a monthly basis. These data are to be submitted to the Center for Health Information Analysis (CHIA). The details are delineated below.**

**INITIAL SET UP FOR DATA SUBMISSIONS**

Data are submitted to CHIA in a fixed format text file. FIXED FORMAT files contain fields within fixed column positions. E.g. The name of the facility is in columns 1-25. The section for the revenue codes, and related fields, begins in column 1039 and ends in 2776. The diagnosis codes positions range from 3529-3672 and so on. This information can be found in the data dictionary.

CHIA works with hundreds of facilities, with only a few staff members, for this reason they are not able to accept data in formats other than the ones specified.

There are two methods for initial set up and data submission. Most facilities work with their billing software vendor. They contract the vendor to write a software module. This module has an interface that allows the user to select a time period of data and extract out the data in the correct format. To write the module, the vendors will need two documents: 1) The data dictionary, 2) A fake data file. Both of these can be found at this link. The data dictionary is an excel file. It maps out the positions of the fields to be submitted. It also contains additional tabs that describe the fields. You’ll notice that many fields are space filled or optional. These were kept in the format in the event that future specifications require fields to be added. The purpose of the fake data files is to allow the vendor to see approximately what the data should look like in the end.

Some facilities do not have a software vendor and/or cannot afford to hire a programmer to create a software module. These are typically very small facilities with low patient volume. For these facilities, CHIA has written a data entry program that can be downloaded for free from their website: <http://www.chiaunlv.com/Software/CHIAUBDataEntry_DL.php>

**SUBMITTING DATA**

CHIA is required to collect sensitive fields such as patient name, address, and SSN. For this reason, every security precaution is taken to protect the privacy of the patients. Before data are submitted to CHIA, they must be encrypted. CHIA provides free 1024-bit encryption software and instructions: <http://www.chiaunlv.com/Software/CHIAEncryptor.php>

After the data files are encrypted, they are to be uploaded to our secure FTP server. CHIA’s server is behind very strong security at Switch. In the past, CHIA has accepted encrypted files sent as email attachments. This was a secure means of transmitting the data. Beginning 4q2015, CHIA was required to collect sensitive PHI fields. For this reason, as an additional level of security, we no longer accept encrypted files as email attachments. The encrypted files must be uploaded through the secure FTP server: <https://www.nvchia.com/uploads/default.aspx>

**WHAT TO EXPECT AFTER SUBMITTING THE DATA**

When a file is uploaded to our secure FTP server, an email notification is automatically sent to one of the CHIA staff. Depending on workload, the CHIA staff member should audit the file within 1-3 days. An email will be sent to the facility personnel that uploaded the file. The email will let the client know if the file passed. If the file did not pass, either and audit file will be sent as an email attachment, or the data errors will be mentioned in the content of the email. If a file doesn’t pass, the client will need to correct the errors and resubmit the file(s).

**FURTHER IN THE FUTURE**

To minimize human errors, and to streamline the auditing process, CHIA programmers will soon work on a web based system for data submission. The facility will upload the encrypted file(s), similar to the way they do now. A notification will be sent to our server. This will invoke the auditor. The facility will then know almost real time if they passed or not. The goal is to have this system in place by the end of 2018.