



National Patient
Information Reporting
System (NPIRS)

NPIRS Basic Business
Rules
(version 1.1)

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1.0 Background

NPIRS (National Patient Information Reporting System) is the national data repository for all Indian Health Service (IHS) statistical health care data on patient registration and visit encounters occurring at either IHS facilities or contracting facilities that provide care.

The core NPIRS business functions include:

- Load and storage of received registration data;
- Generating user population reports;
- Load and storage of received encounter data;
- Generating workload reports.

NPIRS performs many additional functions like, just to mention a few: fulfilling special data requests from outside entities, Headquarters, or Area Offices; producing Annual Reports for Government Performance and Results Act (GPRA), Centers for Disease Control and Prevention (CDC), Census, Tumor Registry, Eligibility, Public Health Nursing (PHN); coordination with the respective agencies and Area Offices on Social Security Number (SSN) Verification, and Centers for Medicare & Medicaid Services (CMS) Interface; etc.

The business rules included in this document only apply to NPIRS core functions.

2.0 Load and Storage of Registration Data

The registration data is coming to NPIRS in one main export file ('gtxrun') from RPMS based systems. The non-RPMS systems use different formats to send in largely the same data elements as RPMS, with the notable exception of the Unique Registration Record Identifier.

Several programs process these export files into the NPIRS registration tables performing:

- checks on data;
- assigning Patient Identifiers and initial un-duplication;

NPIRS database stores the registration data in six major registration tables specific to the type of information they are holding.

NPIRS table name	Type of Information
PATIENT	General Information about the Patient
CHART	Chart Number(s) the Patient was assigned by a facility
DEMOGRAPHIC	Demographic Information
FAMILY	Parents names
ELIGIBILITY2	Insurance Eligibility
REG_REC_ID	Unique Registration Record Identifiers

The data that relates to the same patient can be identified in all NPIRS tables by NPIRS Patient Identifier (Patient_Id).

2.1 Data Checks

Each incoming registration record is checked for a presence of valid values in data elements that are necessary for processing of registration data into NPIRS database. Each of these elements is listed below with a brief description of what is considered by NPIRS as a valid value.

Valid ASUFAC of submitting /registering facility

The Facility Code must be present in the NPIRS Facility Standard Code Book (*VIII-C – Area – Service Unit – Facility Codes*) with a Pseudo_Code other than '?'

Valid Chart Number

Chart Number that is anything but blank

Valid First Name or Middle Name

A First Name that does not start with two or more blank characters.

(If the First Name is blank, the Middle Name is moved to the First Name field before checking for blanks).

Valid Last Name

A Last Name that does not start with two or more blank characters.

Records with invalid values in the above fields or records to which Patient_Id cannot be assigned are rejected (not loaded into NPIRS database) and stored in a separate file for reference. See the following section regarding the assignment of Patient Identifiers.

2.2 Patient Identifiers and Initial Un-Duplication

NPIRS is designed to store, as accurately as possible, information about one person per Region¹ where they are registered. To help accomplish this goal each patient is identified by its internal NPIRS Patient Identifier (Patient_Id). These Identifiers are created during the registration data load process.

The Patient_Id(s) are nine character alphanumeric codes that are assigned by:

- concatenating a three character pseudo-code from the Standard Code Book (*VIII-C – Area – Service Unit – Facility Codes*) that identifies a facility with a six character (right-justified, zero-filled) patient's Chart Number assigned by that facility;

OR

- using patient's Social Security Number;

Because it is common for one person to be registered by multiple facilities within a Region, NPIRS has a difficult task of checking whether information about a particular patient already exists in its database. This is a first cut at patients' un-duplication and occurs at the registration load process.

A person is considered a "duplicate", or the same as an existing patient record, if any of the following situations occurs:

Unique Registration Id (RPMS only) matches already existing database record with the same Unique Registration Id;

OR

¹ NPIRS uses term REGION when referring to one of the twelve IHS Administrative Areas: Aberdeen, Alaska, Albuquerque, Bemidji, Billings, California, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson.

ASUFAC, Chart Number, Gender, first 6 characters of the **First Name**, first 8 characters of the **Last Name** matches an already existing database record with an additional close match² on **Date of Birth**. (If the name fields do not match, an exact match on Date of Birth is sufficient).

OR

First 6 characters of the **First Name**, first 8 characters of the **Last name, Gender**, and **Region** matches an already existing database record with an additional exact match on a potentially valid³ **SSN**, or an exact/close match on **Date of Birth**;

There are rare situations when NPIRS cannot assign a Patient Identifier (Patient_Id) to an incoming registration record. This can happen if both of the following circumstances are true:

- The Patient_Id initially assigned to the incoming registration record already exists in the NPIRS database but it is associated with a different person. In other words it is not a “duplicate” of the person associated with this Patient_Id in NPIRS.
- There is no SSN given in the incoming record

If based on defined above matching criteria no duplicate record was found, and there is an assignable Patient_Id, a new Patient_Id is created and the incoming record is inserted into NPIRS registration tables.

If a duplicate record already exists and belongs to the same person, the existing record is modified (overlaid) with the new data received but only if the incoming RPMS record has a Record Edit Date (or Record Create Date, if the edit date is blank) more recent than the existing one. In the case of Non-RPMS data, if no edit date is given, the date the file was received at NPIRS is used for the comparison.

² A close match means that the dates of birth NPIRS is comparing either match exactly or one is a ‘default’ date (NPIRS inserts a default date if a date received is invalid or imprecise).

³ A potentially valid SSN is a nine-digit number that is not made up of: all nine same numbers, or having eight zeros and ending with ‘1’, or a number that is ‘123456789’.

3.0 User Population Reports

The User Population (USERPOP) reports are probably the single most important function that NPIRS provides for the Area Offices and the Headquarters, Office of Program Statistics. These reports are produced on an annual basis and provide counts of all registered and active users (patients) within each Region. They are created by extracting patient registration information and associated visit (workload) data from the NPIRS database.

Everyone registered in a given Region will be counted just once somewhere within that Region's USERPOP report. The key elements that are used to determine where on this report they will be counted are⁴:

- Indian Status
- Active Flag
- Community of Residence
- Duplicate Flag

3.1.1 Indian Status

Indian Status determination is made based on current values for each Patient_Id. A patient (Patient_Id) will be considered an Indian (Indian_Status = 'I') if it meets one of the following criteria:

- Member of a federally recognized Tribe (Tribe Code = '000' – '997' and Indian Indicator⁵ = 'Y')
- Tribe Code = '998' or '999' and Beneficiary Code = '01'
- Tribe Code = '998' or '999' and Indian Blood Quantum⁶ = '1' or '2' or '3' or '4'

In all other cases, the patient (Patient_Id) will be considered as non-Indian (Indian_Status = 'N').

3.1.2 Active Flag

The determination of each patient (Patient_Id) Active status is made based on the presence of the workload-reportable visit record(s) in any of the five encounter tables in NPIRS database. A workload-reportable visit record is one that meets criteria

⁴ There is an additional flag used by NPIRS that applies to Alaska records only. It is called User-Pop-Report and it helps to distinguish some of the Alaska patients (Patient Id) that should not be included in the USERPOP. If, at the time of USERPOP reporting, a patient (Patient Id) is registered only in Area 39, the User-Pop-Report flag is set to 'N' and consequently is not counted in reports.

⁵ Indian Indicator Flag is retrieved from the Tribes Standard Code Book (*XVIII – Tribes*) based on received value in Tribe Code field.

⁶ Blood Quantum Codes descriptions can be found in the Standard Code Book (*II – Blood Quantum Codes*) – see Appendix A.

established by IHS Headquarters, Office of Program Statistics and explained in detail in the encounter business rules section of this document.

An Active user (Patient_Id) is defined as a patient who has had at least one workload-reportable encounter record within the last three fiscal years period preceding the USERPOP end date.

The date used to determine if the visit is within the defined three year date range depends upon the type of visit being selected, as shown in the following table

Type of Visit	Date Used
Direct Outpatient (APC)	Date of Service
Direct Inpatient (INPATIENT)	Discharge Date
CHS Outpatient (CHSOUT)	Date of Service
CHS Inpatient (CHSINP)	Admission Date
Dental (DENTAL)	Date of Visit

3.1.3 Community of Residence

The Community of Residence is the key element deciding under what Area (labeled as *Area of Residence*) and Service Unit a user will be counted. The Area and Service Unit are retrieved from the Standard Code Book (*V-C State – County – Community Codes*) based on the value in the Community of Residence field, at the time of USERPOP.

The Community of Residence code used in USERPOPs comes mostly from the registration data. In some cases where the registration record value is unknown ('9999999'), an attempt is made to get a community from the patient's (Patient_Id) workload-reportable encounter data closest to the end of the 3-year period.

3.1.4 Duplicate Flag

Even after the initial patient un-duplication was performed during the registration data load process, there is still a possibility of having more than one Patient_Id belonging to the same person. Because it is essential for the USERPOP reports to count one person just once within a Region, there is a need for a secondary un-duplication process.

The first step is a complicated process of assigning the Integrity Id to each registration record. This is done using a special software package that does probabilistic matching of records based on all three name fields (First Name, Last Name, and Middle Name), the SSN, Date of Birth, and Gender, applied to the entire NPIRS registration database. The methodology used is the approved version from HQ/OPS⁷. This Integrity process

⁷ Headquarters, Office of Program Statistics

assigns the same Integrity Id to each patient (Patient_Id) record considered to be the same person based on the above criteria.

The secondary un-duplication is completed by setting the Duplicate Flag for each record. The entire population within each Region is checked for presence of duplicate Integrity Ids. If two or more patients (Patient_Id) have the same Integrity Id, the one with most recently edited/created date would be 'countable' in the USERPOP. The other records will be marked as duplicates (Dup_Flag = 'Y') and not counted. Additionally, the Active Status Flag of the 'countable' record is updated by determining if it or any of its duplicates is Active. If so, then the 'countable' record will be shown on USERPOP reports as Active.

4.0 Load and Storage of Encounter Data

The complexity of the encounter data load and storage in NPIRS database is directly related to the number of different data sources received. Each of these sources has its own export file format and the same visit record can come from more than one source.

Source	Export file name
RPMS PCC module (Patient Care Component)	'apcrun'
RPMS CHS/MIS module (Contract Health Service Management Information System)	'chs638'
CHS FI (Fiscal Intermediary)	'STATRECS' 'DENTSTAT'
RPMS Dental module	'denrun'
Other Non-standard sources	various file names

Several different programs process these export files into the NPIRS database encounter tables performing minor checks on data and

- Identifying type of visit;
- Linking the visit records with patients;
- Un-duplicating records;
- Determining workload report-ability based on established criteria;

NPIRS database stores the encounter data in six major visit tables specific to the type of visit.

Visit Type	NPIRS table name
Direct Outpatient	APC
Direct Inpatient	INPATIENT
Contract Outpatient	CHSOUT
Contract Inpatient	CHSINP
Dental (direct and contract)	DENTAL
Other	OTHER_PCC_DATA

4.1 Type of Visit

The type of visit can be indicated in several ways depending on the export file:

- Records in **apcrun exports** (from RPMS PCC) have their visit type indicated by combination of two fields: **Service Type** and **Service Category**.

- Records in **chs638 exports** (from RPMS CHS/MIS) have their visit type indicated by **Record Number** field.
- Records in **STATRECS exports** (from CHS FI) have their visit type indicated by **Record Code** field.
- All records in **DENTSTAT exports** (from CHS FI) are considered dental records.
- All records in **denrun exports** (from RPMS Dental package) are considered dental records.
- Other non-standard exports have the type of visit specified in their filename.

The following six sections describe detail criteria used by NPIRS for establishing the visit type and consequently loading data into table specific to that visit type.

4.1.1 Direct Outpatient visits (APC table)

Records received in '**apcrun**' export with Service Type and Service Category values as presented below are considered Direct Outpatient visit records and loaded into NPIRS APC table:

Service Type value equal to:

- I** (IHS)
- T** (Tribe, Non-638/Non-Compact)
- O** (Other)
- 6** (Tribe, 638 Programs)
- P** (Tribe, Compacted Program)
- U** (Urban Clinic)

and

Service Category value equal to:

- A** (Ambulatory)
- S** (Day Surgery)
- O** (Observation)
- C** (Chart Review)
- R** (Nursing Home)
- T** (Telecommunications)

Note: There is no separate Service Category for dental records. They come as Direct Outpatient records and are further identified by Clinic Code, Provider Code, and presence of ADA codes (see detail criteria on the section describing dental visits - '*Dental visits (DENTAL table)*') and loaded into DENTAL table. A subset of these dental records, actually considered as pharmacy records, is loaded into both Dental and APC tables. These records are identified by **Clinic Code** equal to '**56**' (Dental) and **Number of RXs** greater than **0 (zero)**.

4.1.2 Direct Inpatient visit (INPATIENT table)

Records received in '*apcrun*' export with Service Type and Service Category values as presented below are considered Direct Inpatient visit records and loaded into NPIRS INPATIENT table:

Service Type value equal to: **I** (IHS)
T (Tribe, Non-638/Non-Compact)
O (Other)
6 (Tribe, 638 Programs)
P (Tribe, Compacted Program)
U (Urban Clinic)

and

Service Category value equal to: **H** (Hospitalizations)

4.1.3 Contract Outpatient visits (CHSOUT table)

The criteria that define this type of visit depend on the export file in which a record was received. The majority of Contract visit records come to NPIRS in three major export files, each one having different data elements identifying records as Outpatient.

Records received in '*apcrun*' export file must have:

Service Type value equal to: **C** (Contract)

and

Service Category value equal to: **A** (Ambulatory)
S (Day Surgery)
O (Observation)

Records received in '*STATRECS*' export file must have:

Record Code value equal to: **20** (Outpatient Record)

Records received in '*chs638*' export file must have:

Record Number value equal to: **CO** (Contract Outpatient - record 1)
C2 (Contract Outpatient – cont. record 2)
C3 (Contract Outpatient – cont. record 3)

4.1.4 Contract Inpatient visits (CHSINP table)

Similarly, the criteria for identifying Contract Inpatient records depend on the export file in which a record was received.

Records received in '**apcrun**' export file must have:

Service Type value equal to: **C** (Contract)

and

Service Category value equal to: **H** (Hospitalizations)

Records received in '**STATRECS**' export file must have:

Record Code value equal to: **19** (Inpatient Record)

Records received in '**chs638**' export file must have:

Record Number value equal to: **HO** (Contract Inpatient - record 1)
H2 (Contract Inpatient – cont. record 2)
H3 (Contract Inpatient – cont. record 3)

4.1.5 Dental visits (DENTAL table)

DENTAL table stores direct and contract dental visits. The criteria for identifying these records depend on the export file in which a record was received.

All records in '**denrun**' export are considered dental records

All records in '**DENTSTAT**' export are considered dental records

Records received in '**chs638**' export must have:

Record Number value equal to: **DO** (Contract Dental - record 1)
D2 (Contract Dental – cont. record 2)
D3 (Contract Dental – cont. record 3)
D4 (Contract Dental – cont. record 4)

Records received in '**apcrun**' export must have:

Service Type value equal to: **I** (IHS)
T (Tribe, Non-638/Non-Compact)
O (Other)
6 (Tribe, 638 Programs)
P (Tribe, Compacted Program)
U (Urban Clinic)

and

Service Category value equal to: **A** (Ambulatory)

S (Day Surgery)
O (Observation)
C (Chart Review)
R (Nursing Home)
T (Telecommunications)

and

Clinic Code value equal to: **56** (Dental),
57 (PSDT),
99 (Third Party Dental)

and

Provider Code value equal to: **52** (Dentist)

and

The first Diagnosis ADA Code must not be : **Blank** (spaces)

4.1.6 Other PCC records (OTHER_PCC_DATA table)

This table holds records from 'apcrun' exports that do not fall into any of the above five categories. These records are considered as non-workload, because of their supplementary and/or historical nature. They are identified by three sets of *Service Type/Service Category* criteria:

Service Type value is equal to: **S** (State),
V (Veteran)

and

Service Category is equal to: **any value**

OR

Service Type value is equal to: **C** (Contract),
I (IHS),
T (Tribe, Non-638/Non-Compact),
O (Other),
6 (Tribe, 638 Programs)
P (Tribe, Compacted Program),
U (Urban Clinic)

and

Service Category value is equal to: **I** (In Hospital),
N (Not found),

- E** (Historical Event),
- D** (Daily Hospitalization Data),
- X** (Ancillary Package Daily Data)

4.2 Linking Patients

In NPIRS database, each patient is identified by its internal NPIRS Patient Identifier (Patient_Id). These Identifiers are created when Patient's Registration data is received and loaded into NPIRS database.

During the encounter data load process each visit record is linked (matched) against existing NPIRS Patient Registration data and the Patient Identifier retrieved in one of two ways:

1. Encounter records with a valid Chart Number are linked by matching **ASUFAC** and **Chart Number** with the existing Patient data from registration record.
2. Encounter records with invalid Chart Numbers (blank, null or '999999'), or these records which could not be found using ASUFAC/Chart Number, are linked by matching patient's **Social Security Number** and **Region Code**.

If the patient registration record was found, the Patient Identifier is stored with this visit record. If the patient registration record was not found, this visit record receives Patient_Id of 'XXXXXXXXXX'. Visits with Patient Identifier of 'XXXXXXXXXX' are included in official workload reporting, but not included in official User Pops processing.

4.3 Records Un-Duplication

Due to some major differences in data elements received by NPIRS for direct and contract care, the un-duplication rules are grouped into two sections and then further described in detail by the visit type.

4.3.1 Un-Duplication Rules for Direct Care Data

Direct Outpatient

The un-duplication process of Direct Outpatient records depends on whether a record has an RPMS Unique Visit ID and/or the value in the Chart Number field.

Incoming records with the **RPMS Unique Visit ID** (PCC Patch#6 records) are matched up to existing records in APC table by searching for a record with the same Unique Visit ID. If a record with the same Unique Visit ID does not exist in APC table or the incoming record did not have RPMS Unique Visit ID (pre-Patch#6 records), then further evaluation for duplicates is done based on values in **Chart Number** field.

Records with **Unique Visit ID** are compared on: Unique Visit ID

Records with Chart Numbers
(not equal to '999999') are compared on: ASUFAC
Location of Encounter
Chart Number
Date of Service
Clinic Code
Provider Code

Record with Chart Numbers
(equal to '999999') are compared on: ASUFAC
Location of Encounter
SSN
Date of Service
Clinic Code
Provider Code

If, based on the above matching criteria, a record already exists in the APC table then the existing record is modified (overlaid) with the new data. If it does not exist the new record is inserted into the APC table.

Direct Inpatient

The un-duplication process of Direct Inpatient records also depends on whether a record has an RPMS Unique Visit ID, and/or the value in the Chart Number field.

Incoming Inpatient records with the **RPMS Unique Visit ID** (PCC Patch#6 records) are matched up to existing records in INPATIENT table by searching for a record with the same Unique Visit ID. If a record with the same Unique Visit ID does not exist in INPATIENT table or the incoming record did not have RPMS Unique Visit ID (pre-Patch#6 records) then further evaluation for duplicates is done based on received **Chart Numbers**.

Records with **Unique Visit ID** are compared on: Unique Visit ID

Records with **Chart Numbers**
not equal to '999999') are compared on: ASUFAC
Location of Encounter
Chart Number
Admission Date
Discharge Date

If, based on the above matching criteria, a record already exists in the INPATIENT table then the existing record is modified (overlaid) with the new data. If it does not exist the new record is inserted into the INPATIENT table.

Direct Dental

Direct Dental records can come to NPIRS in one or both of the following export files: 'apcrun' and 'denrun'. The un-duplication process is a little bit different for each one of these exports.

Dental records from '*apcrun*' exports with the **RPMS Unique Visit ID** are matched up to existing records in DENTAL table by searching for a record with the same Unique Visit ID. If a record with the same Unique Visit ID does not exist in DENTAL table or the incoming record did not have RPMS Unique Visit ID then further evaluation for duplicates is done based on **Chart Numbers**.

Records with **Unique Visit ID** are compared on: Unique Visit ID

Records with **Chart Numbers** are compared on: ASUFAC
Chart Number
Date of Service

If, based on the above matching criteria, a record already exists in the DENTAL table then the existing record is modified (overlaid) with the new data. Otherwise, the new record is inserted into the DENTAL table.

The un-duplication process of records from '*denrun*' export is based on whether these records have valid or invalid Chart Numbers.

Records with valid **Chart Numbers** are compared on: ASUFAC
Chart Number
Date of Visit
Date of Birth

Records with invalid **Chart Numbers** (blank, null, or '999999') are compared on: ASUFAC
SSN
Date of Visit
Date of Birth

If, based on the above matching criteria, a record already exists in the DENTAL table then the existing record is modified (overlaid) with the new data. Otherwise, the new record is inserted into the DENTAL table.

4.3.2 Un-Duplication Rules for Contract Data

CHS Outpatient

If any of the Contract records have a **RPMS Unique Visit ID** then the un-duplication is done by comparing whether a record with the same Unique Visit ID already exists in CHSOUT table.

For all other Contract records, the un-duplication process is based on whether these records have valid or invalid Chart Numbers.

Records with valid Chart Numbers	are compared on:	ASUFAC Chart Number Date of Service
---	------------------	---

Records with invalid Chart Numbers (blank, null, or '999999')	are compared on:	ASUFAC SSN Date of Service
---	------------------	----------------------------------

If a record already exists in the CHSOUT table, then the existing record is modified (overlaid) with the new data. Otherwise, the new record is inserted into the CHSOUT table.

CHS Inpatient

If any of the Contract records have a **RPMS Unique Visit ID** then the un-duplication is done by comparing whether a record with the same Unique Visit ID already exists in CHSINP table.

For all other Contract records, the un-duplication process is based on whether these records have valid or invalid Chart Numbers.

Records with valid Chart Numbers	are compared on:	ASUFAC Chart Number Admission Date
---	------------------	--

Records with invalid Chart Numbers (blank, null, or '999999')	are compared on:	ASUFAC SSN Admission Date
---	------------------	---------------------------------

If a record already exists in the CHSINP table, then the existing record is modified (overlaid) with the new data. Otherwise, the new record is inserted into the CHSINP table.

CHS Dental

If any of the Contract records have a **RPMS Unique Visit ID** then the un-duplication is done by comparing whether a record with the same Unique Visit ID already exists in DENTAL table.

For all other Contract records, the un-duplication process is based on whether these records have valid or invalid Chart Numbers.

Records with valid **Chart Numbers** are compared on:

- ASUFAC
- Chart Number
- Date of Visit
- Date of Birth

Records with invalid **Chart Numbers** (blank, null, or '999999') are compared on:

- ASUFAC
- SSN
- Date of Visit
- Date of Birth

If a record already exists in the DENTAL table, then the existing record is modified (overlaid) with the new data. Otherwise, the new record is inserted into the DENTAL table.

4.4 Workload Reportable Records

During the encounter data load processing each record is evaluated for its workload report-ability. The following sections describe detail criteria for establishing records' workload report-ability for each type of visit.

4.4.1 Direct Outpatient Visits (APC table)

Each Direct Outpatient record is evaluated using criteria described below and the workload-reportable flag is set to 'Y' if the following conditions exist.

Service Type value equal to:

- I** (IHS)
- T** (Tribe, Non-638/Non-Compact)
- O** (Other)
- 6** (Tribe, 638 Programs)
- P** (Tribe, Compacted Program)
- U** (Urban Clinic)

and

Service Category value equal to:

- A** (Ambulatory)
- S** (Day Surgery)
- O** (Observation)

and

Clinic Code value found in: the Standard Code Book* (*XIV -Clinic Codes*)
with
Work Load Report flag = 'Y'

and

Provider Code value found in: the Standard Code Book* (*XV -Services Rendered by*)
with
Reporting Workload flag = 'Y'

and

Location Encounter **of** must have a valid APC Facility Code in the Standard Code Book* (*XIII - APC Locations*)

*See Appendix A for details or visit NPIRS Reports Website at <http://dpsntweb1.hqw.ihs.gov/ciweb/main.html>

4.4.2 INPATIENT records (INPATIENT table)

Each record is evaluated using criteria described below and the workload-reportable flag is set to 'Y' if the following conditions exist.

Service Type value equal to: **I** (IHS)
T (Tribe, Non-638/Non-Compact)
O (Other)
6 (Tribe, 638 Programs)
P (Tribe, Compacted Program)

and

Service Category value equal to: **H** (Hospitalizations)

4.4.3 DENTAL records (DENTAL table)

Each record is evaluated using criteria described below and the workload-reportable flag is set to 'Y' if the following conditions exist.

First ADA Code must not be : **Blank** (spaces)
(DX1_ADA)

and

any of ADA Codes value not equal **9130** (Cancelled Appointment)
(DX1_ADA through DX1_ADA15) to: **9140** (Broken Appointment - No Show)

4.4.4 CHSOUT records (CHSOUT table)

Each record is evaluated using criteria described below and the workload-reportable flag is set to 'Y' if the following conditions exist.

CHS Provider Type⁸ value equal to: **01** (Hospital - GM&S)
05 (Physician)
06 (Optometrist)
07 (Dentist)
12 (Pharmacy)
16 (All Other)
17 (Chiropractor)
18 (NHSC - PNP)
19 (NHSC - CNW)

4.4.5 CHSINP records (CHSINP table)

Each record is evaluated using criteria described below and the workload-reportable flag is set to 'Y' if the following conditions exist.

CHS Provider Type value equal to: **01** (Hospital - GM&S)
03 (Hospital – Psychiatric)
04 (Nursing Home)

⁸ Full list of CHS Provider Types is published in Standard Code Book (XX – Provider Type) – See Appendix A.

5.0 Workload Reports

Generating and publishing workload reports are another essential part of NPIRS operations. The 'standard' workload reports can be divided into two groups:

- Workload verification reports, and
- Other workload reports, which include progress and on request reports

All these reports are published on NPIRS official Web site under On-Line Reports (see *Appendix B for a full list of available reports*). The On-Line Reports are published in a way that each Region has access only to its own reports.

This document will only describe workload verification reports.

5.1 Workload verification reports

Workload verification reports are the annual reports used to verify number of visits between NPIRS and Areas/Service Units/Facilities. During any current fiscal year, workload verification reports are being refreshed every two weeks and even more frequently toward the end of verification cycle (fiscal year). This approach helps in resolving any discrepancies during each month, not just those arising at the end of each fiscal year.

5.1.1 Report 1A - APC Visits to Service Location by Provider and Month of Service

The **1A** report shows counts of **workload-reportable Direct Outpatient** visit records for each Primary Provider Code⁹ and Month of Service. There are three versions of this report:

- Area¹⁰
- Service Unit¹¹
- Facility¹² (Location of Encounter)

⁹ There could be up to five Provider Codes received with one visit record. The Primary Provider Code refers to the first (out of five) Provider Code and also should not be confused with a Primary Care Provider

¹⁰ NPIRS uses term AREA when referring to the Area Codes existing within each Region. These Area Codes are part (first 2-digit) of the ASUFAC Facility Code used in NPIRS to identify a Facility. The Area Codes are assigned by IHS Headquarters, Office of Program Statistics, and published in the Standard Code Book *VIII-A - Area Codes*.

¹¹ Each AREA is further divided into local IHS administrative unit called SERVICE UNITS. A full list of Service Unit Codes is published in the Standard Code Book *VIII-B – Area – Service Unit Codes*

¹² Each Facility is identified in NPIRS by its ASUFAC code assigned by IHS Headquarters, Office of Program Statistics. An ASUFAC is a six-digit code where the first 2-digits represent the AREA, the third and fourth digit represent SERVICE UNIT within that Area, and the last 2-digits represent the actual FACILITY code within that Service Unit and Area. A full list of Facility Codes is published in the Standard Code Book *VIII-C – Area – Service Unit – Facility Code*.

To be counted on this report a record must meet following conditions:

- Direct Outpatient visit record (for details see page 8);
- work-load reportable record (for details see page 16 and 17);
- valid Date of Service falling into fiscal year date range;
- received before Cutoff Date

Additionally, dental records (considered as pharmacy records) are counted on this report. Originally, during the load process these records are marked as non workload-reportable. The 1A report logic identifies them as records with Clinic Code equal to '56' (Dental), Number of RXs greater than zero, Provider Code equal to '52' (Dentist), and Location of Encounter Facility as APC facility (APC_flag = '1') and includes them on the report under the pharmacy Provider Code.

This report enforces the POST-CUTOFF-FLAG. It means records must be received before the cutoff date for a given fiscal year. The cutoff date is established by IHS Headquarters, Office of Program Statistics. Any record received after the cutoff date will not be counted on workload reports. (Visit records received late will be considered for subsequent year's USERPOPs).

5.1.2 Inpatient Tabulation Report - Number of Hospital Discharges

The **Inpatient Tabulation** report shows total count of **workload-reportable Direct Hospitalizations** for each Facility within a given Area Code and Month of Discharge within a specified fiscal year. These counts are further broken down in three groups of hospitalization visits:

- Adults/Pediatrics;
- Newborns;
- Unknown;

The distinction between these three groups is based on the **Admission Clinic Code**¹³. Any visit with Admission Code '07' (Newborn) will be counted under NEWBORN grouping. A visit record with any other value than '07' will be counted under ADULTS/PEDIATRICS grouping. When there is no Admission Code, the visit will be counted as UNKNOWN.

To be counted on this report a record must meet following conditions:

- Direct Inpatient visit record (for details see page 9);
- work-load reportable record (for details see page 17);
- valid Location of Encounter Facility Code¹⁴ (ASUFAC);

¹³ The Admission Clinic Code designates the type of hospital clinical service which the patient is "admitted to". A full list of Admission codes is published in the Standard Code Book (*X – Clinical Service Codes*) – see Appendix A.

¹⁴ A valid Facility Code (ASUFAC) is one that is present in the NPIRS Facility Standard Code Book (*VIII-C – Area – Service Unit – Facility Codes*)

- valid Discharge Date falling into fiscal year date range;
- received before Cutoff Date

5.1.3 3G CHS OUTPATIENT – Outpatient Services by ASUFAC: Cumulative Monthly Statistical Report

The **3G Outpatient** report displays the number of **workload-reportable Contract Outpatient** visit records for a specified fiscal year for each Facility Code within the Service Unit and the Area. The workload-reportable visit records are shown in Provider Type groupings (under heading *Type of Outpatient Services*) in a following way:

Records with Provider Type value '01' – are counted in **MD (01)** grouping;
 Records with Provider Type value '05' – are counted in **MD (05)** grouping;
 Records with Provider Type value '06' – are counted in **OD (06)** grouping;
 Provider Type value '07', '12', '16', '17', '18', '19', or blank¹⁵ – are counted in **OT (99)** grouping.

To be counted on this report each record must meet following conditions:

- Contract Outpatient visit record (for details see page 9);
- work-load reportable record (for details see page 18);
- valid Facility Code (ASUFAC);
- valid Date of Service falling into fiscal year date range;
- received before Cutoff Date

5.1.4 3G CHS INPATIENT - Hospitalization Services by ASUFAC: Cumulative Monthly Statistical Report

The **3G Inpatient** report shows the number of **workload-reportable Contract Inpatient** visit records for a specified fiscal year for each Facility Code within the Service Unit and the Area. The workload-reportable records are sorted and grouped by Provider Type (labeled as *Hospital Type*) showing number of Discharges, the total number of Hospital Days, and the Computed Average Length of Stay (ALOS).

Hospital Type: shows Provider Types. If a workload-reportable record does not have a Provider Code (blank or null) then this record will be counted under '99 Unknown'.

Discharges: count of records with Discharge Date within the report's fiscal year. If a record does not have a Discharge Date, but it does have an Admission Date and T Days (number of days in hospital), then the following formula is used to calculate it during the report generation process:

$$\text{Discharge Date} = \text{Admission Date} + \text{T Days}$$

¹⁵ NPIRS does not receive Provider Type field in pre-PCC Patch#6 exports.

Days: shows sum of T Days. If a record does not have T Days, then NPIRS is using following formula to calculate it during the report generation process:

$$T \text{ Days} = \text{Discharge Date} - \text{Admission Date}$$

ALOS: is calculated by dividing Days by Visit records in each Hospital Type (Provider Type) group.

To be counted on this report each record must meet following conditions:

- Contract Inpatient visit record (for details see page 10);
- work-load reportable record (for details see page 18);
- valid Facility Code (ASUFAC);
- valid received or calculated Discharge Date falling into fiscal year date range;
- received before Cutoff Date

5.1.5 Dental Workload Report - Dental Visits by Facility

The **Dental Workload Report** shows counts of **workload-reportable Dental** visit records for each Facility within Area/Service Unit that provided dental services during a given fiscal year. The total count is further divided by Provider Code and Month of Service.

To be counted on this report each record must meet following conditions:

- Dental visit record (for details see page 10 and 11);
- work-load reportable record (for details see page 17);
- valid Facility Code (ASUFAC);
- valid received Date of Visit falling into fiscal year date range;
- received before Cutoff Date

6.0 Appendix A: Referenced Standard Code Books

List of published¹⁶ Standard Code Book Sections

SCB Section	Description
I	Admission Codes
II	Blood Quantum Codes
III	Cause of Injury Codes (External Cause)
IV	Classification Codes
SRV2	Diagnosis - Inpatient Recodes
V-A	State Codes
V-B	State - County Codes
V-C	State - County - Community Codes*
VI	Dates
VII-A	Diagnosis - APC recodes
VII-B	Diagnosis - APC/ICD Codes
VII-C	Diagnosis - ICD Codes
VIII-A	Area Codes
VIII-B	Area - Service Unit Codes
VIII-C	Area - Service Unit - Facility Codes
X	Clinical Service Codes
XI	Operations - ICD Codes
XII	Place of Injury Codes
XIII	APC Locations*
XV	Services Rendered by (Provider Codes)
XVIII-A	Tribes – Numeric
XVIII-B	Tribes - Alpha
XIX	Clinic Codes
XX	Type of Provider
XXII	Patient Education Protocols (Education Topics)

Marked in bold are the Standard Code Book Sections that are referenced in this document. Due to space limitation only shaded Sections will be presented in the following pages. Any other Section can be requested from NPIRS.

¹⁶ Standard Code Books are published on the Official NPIRS Web Site
<http://dpsntweb1.hqw.ihs.gov/ciweb/main.html>

6.1 Blood Quantum Codes

Blood Quantum Codes Section: II May. 11, 2004 PAGE: 1

Code	Blood Quantum
1	Full
2	Greater than or equal to 1/2 but less than full
3	Greater than or equal to 1/4 but less than 1/2
4	Indian but less than 1/4
5	Non-Indian
6	Unspecified
7	Unknown

6.2 Clinical Service

Clinical Service Section: X May. 11, 2004 PAGE: 1

Designates the type of hospital clinical service which the patient is "admitted to" or "discharged from"

CODE	NAME
01	DENTAL
02	ENT
03	GENERAL MEDICINE
04	GENERAL SURGERY
05	GYNECOLOGY
06	INTERNAL MEDICINE
07	NEWBORN
08	OBSTETRICS
09	OPHTHALMOLOGY
10	ORTHOPEDICS
11	PEDIATRICS
12	PSYCHIATRIC MENTAL HEALTH
13	TUBERCULOSIS
14	OTHER
15	ALCOHOL/SUBSTANCE ABUSE
16	PLASTIC SURGERY
17	FAMILY PRACTICE (MEDICAL CENTER USE ONLY)
18	UROLOGY
19	PODIATRY
20	NEUROLOGY
21	SWING BED
22	NURSE-MIDWIFERY SERVICE

6.3 Services Rendered By (Provider Codes)

SERVICES RENDERED BY (PROVIDER CODES) SECTION: XV May. 11, 2004
PAGE: 1

CODE	NAME	PCP Facility Planning	Reporting Workload
62	LICENSED MEDICAL SOCIAL WORKER	N	Y
63	CONTRACT SOCIAL WORKER	N	Y
64	NEPHROLOGIST	Y	Y
65	OPTOMETRY STUDENT	N	Y
66	CASE MANAGERS	N	Y
67	CLINICAL PHARMACY SPECIALIST	N	Y
68	EMERGENCY ROOM PHYSICIAN	Y	Y
69	CHIROPRACTOR	Y	Y
70	CARDIOLOGIST	Y	Y
71	INTERNAL MEDICINE	Y	Y
72	OB/GYN	Y	Y
73	ORTHOPEDIST	Y	Y
74	OTOLARYNGOL	Y	Y
75	PEDIATRICIAN	Y	Y
76	RADIOLOGIST	Y	Y
77	SURGEON	Y	Y
78	UROLOGIST	Y	Y
79	OPHTHALMOLOGIST	Y	Y
80	FAMILY PRACTICE	Y	Y
81	PSYCHIATRIST	Y	Y
82	ANESTHESIOLOGIST	Y	Y
83	PATHOLOGIST	Y	Y
84	PEDORTHIST	Y	Y
85	NEUROLOGIST	Y	Y
86	DERMATOLOGIST	Y	Y
87	ULTRASOUND TECHNICIAN	N	Y
88	CODING/DATA ENTRY	N	N
89	AUDIOLOGY HEALTH TECHNICIAN	N	Y
90	OCCUPATIONAL THERAPIST	N	Y
91	PHN DRIVER/INTERPRETER	N	N
92	PSYCHOTHERAPIST	N	Y
93	TRADITIONAL MEDICINE PRACTITIONER	N	Y
94	MENTAL HEALTH (BA/BS ONLY)	N	Y
95	MENTAL HEALTH (MASTER ONLY)	N	Y
96	FAMILY THERAPIST	N	Y
97	NUTRITION TECHNICIAN	N	Y

CODE	NAME	PCP Facility Planning	Reporting Workload
98	FOOD SERVICE SUPERVISOR	N	N
99	DIETETIC TECHNICIAN	N	Y
A1	SPORTS MEDICINE PHYSICIAN	Y	Y
A2	MEDICAL TECHNOLOGIST	N	Y
A3	NATUROPATH DOCTOR	Y	N
A4	NATUROPATH PHYSICIAN	Y	N
A5	ACUPUNCTURIST	Y	N
A6	IN SCHOOL THERAPIST	N	N
A7	DOMESTIC VIOLENCE COUNSELOR	N	N
A8	PHARMACY TECHNICIAN	N	Y
A9	HEPATOLOGIST	Y	Y
B1	GASTROENTEROLOGIST	Y	Y
B2	ENDOCRINOLOGIST	Y	Y
B3	RHEUMATOLOGIST	Y	Y
B4	ONCOLOGIST-HEMATOLOGIST	Y	Y
B5	PULMONOLOGIST	Y	Y
B6	NEUROSURGEON	N	Y

6.4 Clinic Codes

CLINIC CODES SECTION: XIX May. 11, 2004 PAGE: 1

CODE	NAME	WORKLOAD REPORT
01	GENERAL	Y
02	CARDIOLOGY	Y
03	CHEST AND TB	Y
04	CRIPPLED CHILDREN	Y
05	DERMATOLOGY	Y
06	DIABETIC	Y
07	ENT	Y
08	FAMILY PLANNING	Y
09	GROUPED SERVICES	N
10	GYNECOLOGY	Y
11	HOME CARE	N
12	IMMUNIZATION	Y
13	INTERNAL MEDICINE	Y
14	MENTAL HEALTH (PSYCHIATRY)	Y
15	OBESITY	Y
16	OBSTETRICS	Y
17	OPHTHALMOLOGY	Y
18	OPTOMETRY	Y
19	ORTHOPEDIC	Y
20	PEDIATRIC	Y
21	REHABILITATION	Y
22	SCHOOL	Y
23	SURGICAL	Y
24	WELL CHILD	Y
25	OTHER	Y
26	HIGH RISK	Y
27	GENERAL PREVENTIVE	Y
28	FAMILY PRACTICE	Y
29	PLASTIC SURGERY	Y
30	EMERGENCY MEDICINE	Y
31	HYPERTENSIVE	Y
32	POSTPARTUM	Y
33	RESPIRATORY CARE	Y
34	PHYSICAL THERAPY	Y
35	AUDIOLOGY	Y
36	W. I. C.	N
37	NEUROLOGY	Y
38	RHEUMATOLOGY	Y

CODE	NAME	WORKLOAD REPORT
39	PHARMACY	Y
40	INFANT STIMULATION	N
41	INDIRECT	N
42	MAIL	N
43	ALCOHOL AND SUBSTANCE	Y
44	DAY SURGERY	Y
45	PHN CLINIC VISIT	Y
46	NIH CLINIC	Y
47	FETAL ALCOHOL SYNDROME	Y
48	MEDICAL SOCIAL SERVICES	Y
49	NEPHROLOGY	Y
50	CHRONIC DISEASE	Y
51	TELEPHONE CALL	N
52	CHART REV/REC MOD	N
53	FOLLOW-UP LETTER	N
54	RADIO CALL	N
55	CAST ROOM	Y
56	DENTAL	N
57	EPSDT	Y
58	CANCER SCREENING	Y
59	STD	Y
60	EDUCATION CLASSES	N
61	DEVEL. ASSESSMENT	Y
62	CANCER CHEMOTHERAPY	Y
63	RADIOLOGY	Y
64	RETINOPATHY	Y
65	PODIATRY	Y
66	ULTRASOUND	Y
67	DIETARY	Y
68	EMPLOYEE HEALTH UN	Y
69	ENDOCRINOLOGY	Y
70	WOMEN'S HEALTH SCREENING	Y
71	COMPUTED TOMOGRAPHY	Y
72	MAMMOGRAPHY	Y
73	GENETICS	Y
74	SPEECH PATHOLOGY	Y
75	UROLOGY	Y
76	LABORATORY SERVICES	Y
77	CASE MANAGEMENT SERVICES	Y
78	OTC MEDICATIONS	Y
79	TRIAGE	Y
80	URGENT CARE	Y
81	MEN'S HEALTH SCREENING	Y

CODE	NAME	WORKLOAD REPORT
82	DAY TREATMENT PROG	Y
83	LABOR AND DELIVERY	Y
84	PAIN MANAGEMENT	Y
85	TEEN CLINIC	Y
86	TRADITIONAL MEDICINE	Y
87	OBSERVATION	Y
88	SPORTS MEDICINE	Y
89	EVENING	Y
90	TELEMEDICINE	Y
91	TELERADIOLOGY	Y
92	DIALYSIS	Y
93	OCCUPATIONAL THERAPY	Y
94	TOBACCO CESSATION CLINIC	Y
95	DIALYSIS LABORATORY SERVICES	Y
96	PEDIATRIC OUTPATIENT USE OF INP TRTMNT RM	Y
97	SURGICAL OUTPATIENT USE OF INP TRTMNT ROOM	Y
98	DIABETES EDUCATION-GROUP	Y
99	THIRD PARTY DENTAL	N
A1	DIABETES EDUCATION-INDIVIDUAL	Y
A2	DIABETIC RETINOPATHY	Y
A3	AMBULANCE	Y
A4	PERINATOLOGIST	Y
A5	COMPLEMENTARY MEDICINE	Y
A6	CHIROPRACTIC	Y
A7	RYAN WHITE EARLY INTERVENTION	Y
A8	WELLNESS	Y
A9	PH PREPAREDNESS (BIOTERRORISM)	N
B1	MATERNITY CASE MGMT SUPP SERV	Y
B2	RADIATION EXPOSURE SCREENING	Y
B3	SANDS (STOP ATHEROSC IN NATIVE DIAB STUDY)	Y
B4	WISEWOMAN	Y
B5	NURSING	Y
B6	PHONE TRIAGE	N
B7	DIABETIC FOOT CLINIC	Y
B8	GASTROENTEROLOGY-HEPATOLOGY	Y
B9	ONCOLOGY-HEMATOLOGY	Y
C1	NEUROSURGERY	Y
C2	PULMONOLOGY	Y
XX	DEFAULT CODE FOR NULLS/BLANKS	Y

6.5 Type of Provider

TYPE OF PROVIDER SECTION: XX May. 11, 2004 PAGE: 1

CODE	NAME
13	Transportation
11	Optical Company
17	Chiropractor
19	NHSC - CNW (National Health Service Corps)
01	Hospital - GM&S
02	Hospital - TB
03	Hospital - Psychiatric
04	Nursing Home
05	Physician
06	Optometrist
07	Dentist
08	Nurse or Home Health Service
09	Laboratory
10	Orthopedic Appliance Company
12	Pharmacy
14	Mortuary
15	X-ray
16	All Other
18	NHSC - PNP (National Health Service Corps)

7.0 Appendix B: NPIRS reports

List of published¹⁷ NPIRS Reports

Report Name	Version	Description
AMBULATORY		
Report 1A	Area	APC Visits to Service Location by Provider and Month of Service
Report 1A	Facility	APC Visits to Service Location by Provider and Month of Service
Report 1A	Service Unit	APC Visits to Service Location by Provider and Month of Service
Report 1C	Area	Ambulatory Patient Care Visits - Problem/Clinic Impressions by Sex and Age Groups
Report 1C	Facility	Ambulatory Patient Care Visits - Problem/Clinic Impressions by Sex and Age Groups
Report 1C	Service Unit	Ambulatory Patient Care Visits - Problem/Clinic Impressions by Sex and Age Groups
Report 1E	AREA	External Cause of Injury Relating To Place Of Injury
Report 1E	LOE	External Cause of Injury Relating To Place Of Injury
Report 1E	SU	External Cause of Injury Relating To Place Of Injury
Report 1F	AREA	Nature of Injury Relating to External Cause Of Injury
Report 1F	LOE	Nature of Injury Relating to External Cause Of Injury
Report 1F	Service Unit	Nature of Injury Relating to External Cause Of Injury
Report 1G		APC visits to service locations and service units by community of residence.
Report OR13	APC Facility -	Visits by Clinic and Age Group
Report OR56	Area	Outpatient External Cause Of Injury By Age Groups
Report OR56	LOE	Outpatient External Cause Of Injury By Age Groups
Report OR58	APC - LOE	PCPV's Visits to Service Locations by Community of Residence
Report OR58	APC	PCPV's Visits to Service Locations by Community of Residence

¹⁷ Official NPIRS Web Site <http://dpsntweb1.hqw.ihs.gov/ciweb/main.html>

Report Name	Version	Description
INPATIENT		
BINPSUM		Annual Direct Inpatient Listing by Hospital and Discharge Date
Inpatient 202		Summary Data by Area and Facility
Inpatient 2A		Hospital Discharges and Consultations by Location of Encounter
Inpatient 2B		Number of Discharges and Hospital Days by External Cause of Current Injury, By Age Groups
Inpatient 2C	Area	Hospital Discharges, Days and Average Length of Stay By Admin. Diagnosis Recode and Age Groups
Inpatient 2C	LOE	Hospital Discharges, Days and Average Length of Stay By Admin. Diagnosis Recode and Age Groups
Inpatient Tabulation Report		Number of Hospital Discharges
Progress Report		Total Direct Inpatient Visits by Facility - Cutoff Enforced
Progress Report		Total Direct Inpatient Visits by Facility - Cutoff Not Enforced
Report OR45		Adult/Pediatric Discharges by Hospital and Community of Residence
Report OR57		Adult & Pediatric Hospital Days by Hospital and Community of Residence
Report OR59		Number of All Listed Diagnosis For Deliveries by Hospital and Community of Residence
Report OR60		Newborn Hospital Days by Hospital and Community of Residence
CONTRACT HEALTH SERVICES		
CHSI 3G		(CHS-INPATIENT) Services - Hospitalization (WORKLOAD) Services by ASUFAC: Cumulative Monthly Statistical Report
CHSI 3H		(CHS-INPATIENT) Number of Discharges and Hospital Days by External Cause of Current Injury, By Age Groups
CHSI 3I		By ASUFAC - Hospital Discharges, Days and Average Length of Stay by Admission Diagnosis Recode, And Age Groups
CHSO 3A		By Area and ASUFAC Visits by Male, Female, Diagnosis, and Age Groups
CHSO 3G		(CHS-OUTPATIENT) Services (WORKLOAD) by ASUFAC: Cumulative Monthly Statistical Report
Progress Report		Total Contract Inpatient Visits by Facility - Cutoff Enforced
Progress Report		Total Contract Inpatient Visits by Facility - Cutoff

Report Name	Version	Description
		Not Enforced
Progress Report		Total Contract Outpatient Visits by Facility - Cutoff Enforced
Progress Report		Total Contract Outpatient Visits by Facility - Cutoff Not Enforced
Report OR02		CHS-OUTPATIENT By Area, State, County, and Community - First Visits And Revisits By Diagnosis (Recode) By Age Groups
Report OR67		CHSOUT Visits by Primary Care Provider by Community of Residence
DENTAL		
Dental Workload Report		Dental Visits by Facility
Progress Report		Total Dental Visits by Facility - Cutoff Enforced
Progress Report		Total Dental Visits by Facility - Cutoff Not Enforced
REGISTRATION		
Eligibility 525 Report		Active Indians 2002, By Area, Svc. Unit and Comm. of Residence
Eligibility 525 Report		Active Indians 2002, By Svc. Unit
Eligibility 525 Report		Active Indians 2003, By Area, Svc. Unit and Comm. of Residence
Eligibility 525 Report		Active Indians 2003, By Svc. Unit
Eligibility 525 Report		Active Indians FY2002
UP1. User Population Area Report	A	By Service Unit and County
UP2. User Population Area Report	B	By Service Unit and Community
UP3. User Population Area Report	Special	By Service Unit, County and Tribe
UP4. User Population Report	Special	By Community and Tribe
UP6. User Population Area Report	Facility	Tribes By Service Units
UP7. User Population Area Report	Special	By Service Unit and Tribe
UP7a. User Population Area Report	Special	By Service Unit and Tribe - FY03 Differences
User Population	A	By Service Unit and County - One Year

Report Name	Version	Description
Area Report		
User Population Area Report	G- Special	Tribes and Community By Last Visited Facility
User Population Report	(Non- CHSDA)	By Visited Service Unit
User Population Report	(Non- CHSDA)	Counties of Residence By Visited Service Unit
User Population Report	(One Year)	By Age and Sex for Area and Service Unit Levels
User Population Report	(Three Year)	By Age and Sex for Area and Service Unit Levels
User Population Report		Area Summary before Tribal Adjustments