PATIENT-LEVEL REPORTING

HIPAA guidelines 45 CFR 160

The intent of the patient level report is to provide detailed measure results to allow for the hospital to validate the process used to abstract the MMIS data and to calculate results. Not all data in the Patient Level Reports (PLR) is viewable by the hospital.

In accordance with HIPAA guidelines 45 CFR 160, services not provided by the hospital of report is considered as protected Health Information (PHI) and therefore the data is hidden on the Patient Level Report (PLR).

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HIPAA Guidelines 45 CFR 160

Protected Health Information. The Privacy Rule protects all *"individually identifiable health information"* held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI).

De-Identified Health Information. De-identified health information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information; either: (1) a formal determination by a qualified statistician; or (2) the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers is required, and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.

The patient level reports (PLR) contain either 3 or 4 tabs.
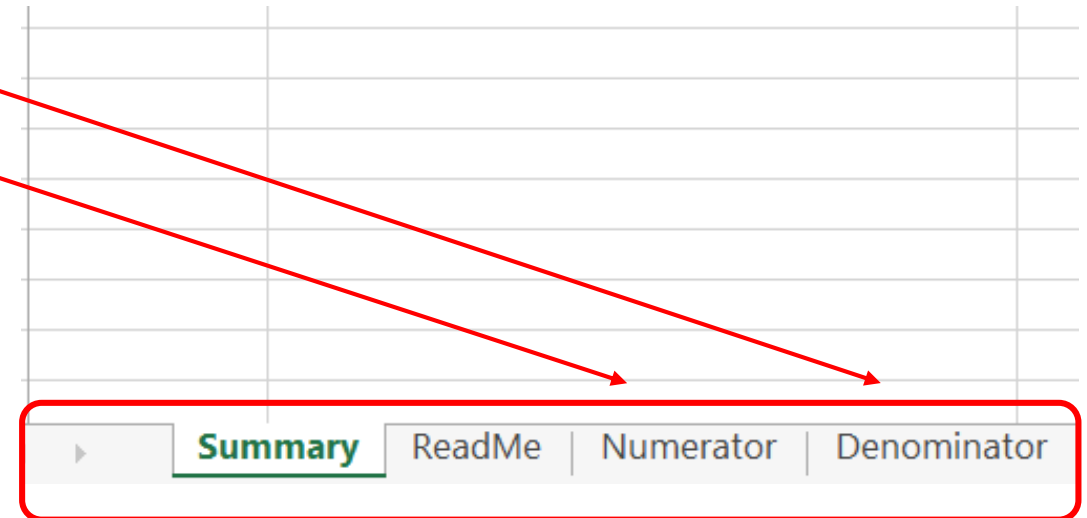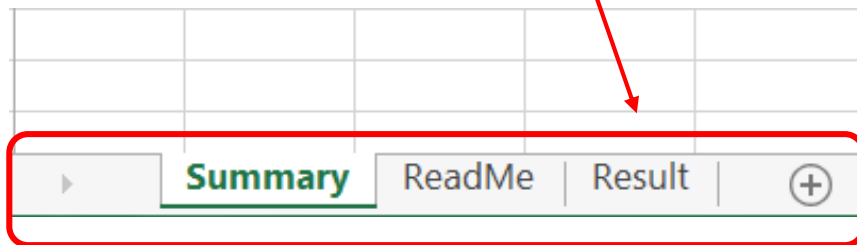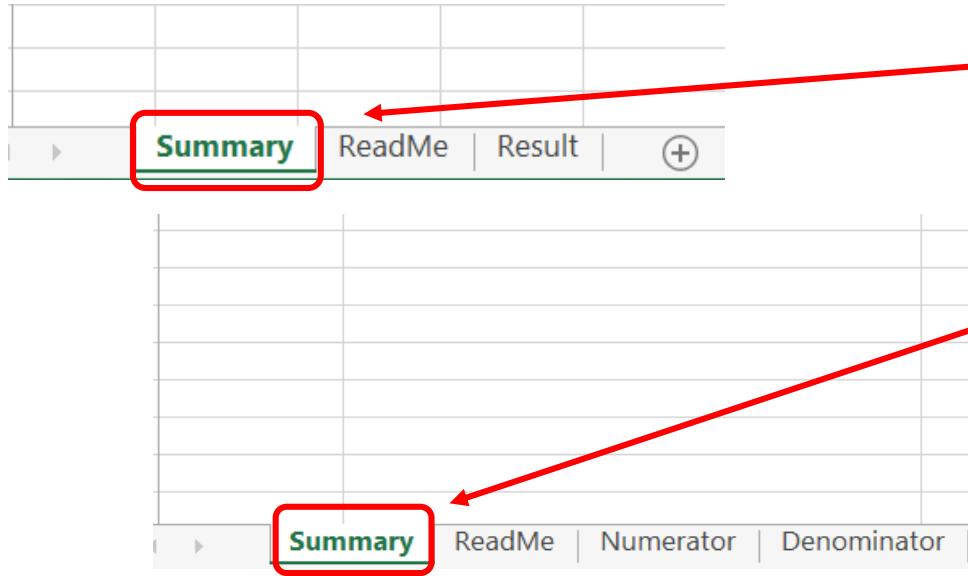PLR with 4 tabs:
- Summary
- ReadMe
- Numerator
- Denominator

PLR with 3 tabs
- Summary
- ReadMe
- Result

The intent of the patient level report is to provide detailed measure results to allow for the hospital to validate the process used to abstract the MMIS data and to calculate results. Not all data in the Patient Level Reports (PLR) is viewable by the hospital.

| ▸ | Summary | ReadMe | Numerator | Denominator |

| ▸ | Summary | ReadMe | Result | ⊕ |

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Summary | ReadMe | Result ⊕

The summary tab displays the results of the measure.

Results

Summary | ReadMe | Numerator | Denominator

Provider ID	Provider Name	DSRIP #	Measure Name	Performance Period	Numerator	Denominator	Result
			HOSPITAL NAME				
			Out of Network				
			Total				

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Summary Sheet

This sheet displays the results of the measure.

Please see the NJ DSRIP Databook located on the website for details on the measure specification

https://dsrip.nj.gov/Home/Resources

Numerator:

Objective: Allow validation of numerator for qualifying discharges.

Rows are hidden when the qualifying event did not occurr at the attributed hospital.

Denominator:

Objective: Allow validation of denominator for qualifying patients.

Rows are hidden for attributed patients not included on the hospital's patient roster. This occurrs when a patient was attributed through visits to a reporting partner.

Column Label	Column Definitions
Eligible Count	Validation count of denominator & numerator rows.
Recipient ID Source	Displays "Medicaid" or "Charity Care"
Recipient Medicaid ID (Original)	(1) The original unique Medicaid ID that is assigned to a Medicaid member. This applies to claims with Claim Source = "Encounter - HMO" or "Fee for Service." -OR- (2) Because Charity Care patients do not enroll and receive a Medicaid ID, providers are instructed to submit the patient's social security number in this field. This applies to claims with Claim Source = "Charity Care." The patient's social security number included in this field, the patient's date of birth and the patient's gender are matched to distinguish a unique individual for the Charity Care program.
Recipient Medicaid ID (Current)	(1) The current Medicaid ID is a second Medicaid number that provides information on the member's current eligibility enrollment. This number changes as a member moves between programs, categories, counties and age groups. The maximum date of service (most recent date) in the attribution period with a claim will be used. This applies to claims with Claim Source = "Encounter - HMO" or "Fee for Service." -OR- (2) Because Charity Care patients do not enroll and receive a Medicaid ID, this field is used to indicate the percentage of Charity Care coverage that the patient has. (e.g. 800000000000 = 80%) This applies to claims with Claim Source = "Charity Care."
Patient Account Number	(1) This is the internal claim number of the managed care organization (MCO) responsible for payment of the claim. During the transmission of data from the MCO to the Medicaid fiscal agent, the data in this field is changed. The hospital provider's patient account number as indicated on the claim form is replaced by the MCO internal claim number. The MCO claim number may be data returned to the hospital provider when the claim is processed for payment. The maximum date of service (most recent date) in the attribution period with a claim will be used for that patient for that hospital. Patient account numbers of project partners are not utilized. This applies to claims with Claim Source = "Encounter - HMO." -OR- (2) This may be the hospital provider's patient account number as indicated on the claim form when the claim is submitted for payment to

Summary | **ReadMe** | Numerator | Denominator | ⊕

The ReadMe tab contains descriptions of each tab as well as each field contained in the patient level report.

**Please refer to the ReadMe tab for specific field descriptions

The denominator tab shows details for patients/events included in the denominator.

Denominator Eligible Count	Recipient ID Source	Recipient Medicaid ID (Original)	Recipient Medicaid ID (Current)	Patient Account Number	SSN	Recipient Last Name	Recipient First Name	Recipient Middle Initial	Date of Birth	Gender	Provider Source
1	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
2	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
3	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
4	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
5	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
6	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
7	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
8	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
9	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
10	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
11	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
12	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
13	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
14	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
15	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
16	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
17	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
18	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
19	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
20	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
21	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
22	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
23	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
24	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
25	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
26	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
27	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
28	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
29	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
30	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
31	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
32	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
33	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
34	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
35	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
36	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
37	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME
38	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	HOSPITAL NAME
39	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	HOSPITAL NAME

Summary | ReadMe | Numerator | **Denominator**

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Rows are hidden when the qualifying event did not occur at the attributed hospital.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Numerator Eligible Count	Recipient ID Source	Recipient Medicaid ID (Original)	Recipient Medicaid ID (Current)	Patient Account Number	SSN	Recipient Last Name	Recipient First Name	Recipient Middle Initial	Date of Birth	Gender	Date of Service	Provider Source
2	1	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	DATE OF SERVICE	HOSPITAL NAME
3	2	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	DATE OF SERVICE	HOSPITAL NAME
4	3	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	DATE OF SERVICE	HOSPITAL NAME
5	4	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	DATE OF SERVICE	HOSPITAL NAME
6	5	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	DATE OF SERVICE	HOSPITAL NAME
7	6	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	DATE OF SERVICE	HOSPITAL NAME
8	7	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	DATE OF SERVICE	HOSPITAL NAME
9	8	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	M	DATE OF SERVICE	HOSPITAL NAME
10	9	Medicaid	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	LAST NAME	FIRST NAME	INITIAL	DOB	F	DATE OF SERVICE	HOSPITAL NAME
11	10	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Out of Network
12	11	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Out of Network
13	12	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Out of Network
14	13	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Out of Network
15	14	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Hidden	Out of Network
16													
17													
18													
19													
20													
21													
22													
23													
24													

Summary | ReadMe | **Numerator** | Denominator

The numerator tab shows details for patients/events included in the numerator.

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Some patient level reports contain a single result tab which includes both the numerator and denominator results. Column A identifies the patients included in the denominator and column N identifies the patients included in the numerator.

QUESTIONS?
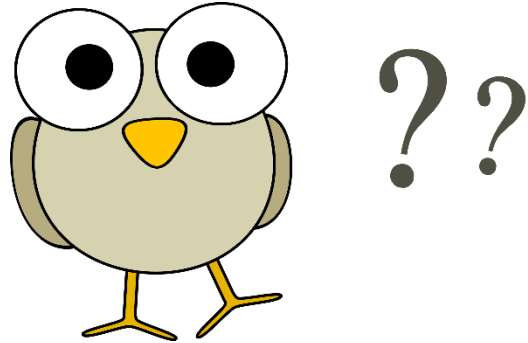
CONTACT THE NEW JERSEY DSRIP TEAM

For more information about the New Jersey DSRIP Program or
if you have questions or concerns relating to this website, please contact us at:

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