**Section 1010.50 Common Data Verification, Review, and Comment Procedures**

a) Each facility shall review its patient discharge data for accuracy and completeness before submitting the data specified in this Part to the Department.

b) The Department will edit each data submission for proper file formatting; content and context edits will be applied to each data element as appropriate; the file will be checked for duplicate records; and the database transactions will result in a data submission profile that will be available in electronic format on the Department's data submission web site.

c) The submitting facility shall obtain and review the data submission profile as specified in subsection (b) of this Section from each data submission to verify that data received and accepted by the Department are in fact a complete and accurate representation of the services provided by the facility during the stated time frames. If a facility or the Department determines that any data are in fact incomplete or inaccurate, it is the facility's responsibility to submit corrected data prior to the final closing date of the affected data collection period.

d) If the Department determines that data submitted by a facility are questionable, inaccurate or incomplete during or after the close of a quarterly submission period, the Department shall conduct an on-site review of the facility's data submission practices. Upon notification of the need for such a review by the Department, any hospital or ambulatory surgical treatment center affected shall, within 2 calendar weeks or 10 working days, whichever is the longer, gather information related to the review process. The facility shall provide suitable workspace and access to all required information from the medical records and patient claims and encounter data underlying and documenting the inpatient or outpatient data under review. Facilities shall provide access to other related documentation deemed necessary to conduct a successful desk audit of inpatient and outpatient data submitted. The on-site review shall be carried out by Department staff over a minimum of one working day and extend for no more than three working days. The facility under review shall ensure the availability of persons knowledgeable of the internal organizational processes and information processing systems with the ability to identify inaccurate and unreasonable data characteristics based on the patient mix and services provided by the facility. Facility staff shall produce a summary document within 30 days identifying the findings of the on-site review and detailing the corrective action necessary to correct the deficiencies discovered. The facility shall closely monitor future data submissions to ensure that submissions accurately reflect actual patient mix and health care services provided. It is the responsibility of each facility to review the results of each data submission for erroneous, inaccurate, incomplete or unreasonable information in data accepted by the Department and to resubmit accurate data prior to the end of the submission period.

e) Final edited data shall be received prior to the final closing date, 20 calendar days after the start date for internal data review as specified in Section 1010.40(a)(1) of this Part. Five calendar days are specified between the initial and final closing dates to correct errors in claims and encounter data that were rejected on the last day of submission. There shall be no correction period for erroneous data received during this five-day period. To meet these requirements, the facility shall do all of the following:

1) Correct and re-submit all data rejected throughout the quarterly submission period because of errors revealed by the Department edit checks performed under subsection (b) of this Section, and submit any missing claims and encounter data;

2) Review the resultant data profile for accuracy and completeness; and

3) Supply the Department with an affirmation statement, signed by the chief executive officer or designee, indicating that the facility's data are accurate and complete.

f) Failure to comply with subsections (d) and (e) of this Section shall result in the facility's being noncompliant with this Section, and the facility may be subject to penalties as provided in the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act.

g) After the facility has made any revisions under subsection (e) of this Section in the data for a particular time period, a data submission profile will be available for the submitting facility's review.

h) If the Department discovers data errors after releasing the data, or if a facility representative notifies the Department of data errors after the Department releases the data, the Department will note the data errors as caveats to the completed datasets. No revisions or additions to discharge data, case data, or monthly counts will be accepted after the final closing date of each quarterly data collection period. If the Department makes an error in the preparation, presentation or reporting of collected data, the error will be corrected.

i) The Department will reply to the submitting facility acknowledging receipt of the signed affirmation statement required in subsection (e)(3).