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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA, *ex rel.* RONDA OSINEK, Plaintiffs, v. KAISER PERMANENTE, et al., Defendants.	Case No. 3:13-cv-03891-EMC (Consolidated)
UNITED STATES OF AMERICA, *ex rel.* GLORYANNE BRYANT and VICTORIA M. HERNANDEZ, Plaintiffs-Relators, v.	Case No. 3:18-cv-01347-EMC

KAISER FOUNDATION HEALTH PLAN, INC., KAISER FOUNDATION HOSPITALS, THE PERMANENTE MEDICAL GROUP, INC., SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP, COLORADO PERMANENTE MEDICAL GROUP, P.C., THE SOUTHEAST PERMANENTE MEDICAL GROUP, INC., HAWAII PERMANENTE MEDICAL GROUP, INC., MID-ATLANTIC PERMANENTE MEDICAL GROUP, P.C,, NORTHWEST PERMANENTE, P.C., WASHINGTON PERMANENTE MEDICAL GROUP, P.C., KAISER FOUNDATION HEALTH PLAN OF COLORADO, KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC., KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC., KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST, and KAISER FOUNDATION HEALTH PLAN OF WASHINGTON, Defendants.	SECOND AMENDED COMPLAINT BY RELATORS GLORYANNE BRYANT AND VICTORIA M. HERNANDEZ FOR VIOLATIONS OF FEDERAL FALSE CLAIMS ACT DEMAND FOR JURY TRIAL

COMES NOW, Plaintiffs and *Qui Tam* Relators Gloryanne Bryant ("Ms. Bryant") and Victoria M. Hernandez ("Ms. Hernandez," and together with Ms. Bryant, "Relators"), individually and on behalf of the United States of America, to recover treble damages and civil penalties under the federal False Claims Act ("FCA"), 31 U.S.C. §§ 3729-3733, for monies unlawfully obtained and/or retained from the federal Medicare Program by Defendant Kaiser Foundation Health Plan, Inc. and various of its direct and indirect subsidiaries and affiliates (together, "Kaiser" or the "Kaiser Defendants"), and allege as follows:

INTRODUCTION

The Kaiser Defendants are now and have been, in some cases since at least 2009, engaged in a widespread scheme to knowingly submit, or cause to be submitted, false claims for payment to the United States by submitting false "risk adjustment" information to the Centers for Medicare & Medicaid Services ("CMS") and the Department of Health and Human Services ("HHS") in order to improperly increase the amounts CMS and HHS pays them. Likewise, the

Kaiser Defendants have knowingly retained overpayments received from CMS and HHS and underpaid into HHS' insurance pools as a result of their false risk adjustment submissions.

1. Millions of elderly and disabled individuals throughout the United States receive their Medicare benefits through the Medicare Advantage Program (also referred to as "Medicare Part C"). A central, distinguishing feature of the Medicare Advantage Program is the provision of Medicare benefits by private healthcare insurance organizations. Medicare beneficiaries enroll in managed healthcare insurance plans called Medicare Advantage Plans ("MA Plans") that are owned and operated by these private organizations, called Medicare Advantage Organizations ("MA Organizations"). This case involves, in part, conduct by Kaiser — which operates one of the nation's largest MA Organizations — to improperly obtain or avoid returning payments under the Medicare Advantage Program that it was not entitled to receive.[1]

2. The Government pays each MA Organization a fixed monthly payment for each Medicare beneficiary enrolled in its plans. The Government adjusts these payments for various risk factors that affect expected healthcare expenditures, including the health status of each enrollee. The adjustments are intended to ensure that MA Organizations are paid more for those enrollees expected to incur higher healthcare costs and less for healthier enrollees expected to incur lower costs.

3. To obtain payments based on adjustments for health status, MA Organizations submit diagnosis codes to the Government for the beneficiaries in their MA Plans. These diagnosis codes are from the beneficiaries' medical encounters (*e.g.*, office and hospital visits). Using these diagnosis codes, the Government calculates a risk score for each beneficiary.

[1] On May 5, 2022, on motion by the Kaiser Defendants, the Court dismissed those aspects of Relators' Amended Complaint relating to allegations of the Kaiser Defendants' Medicare Advantage fraud under the False Claims Act's "first-to-file" rule, but left Relators' claims relating to allegations of the Kaiser Defendants' ACA fraud intact. Dkt. No. 171. On November 14, 2022, on subsequent motion by the Kaiser Defendants, the Court dismissed the Relators' ACA-related claims without prejudice and with leave to replead to address issues identified by the Court. Dkt. No. 226. This Second Amended Complaint amends the Relators' ACA-related allegations and claims, and preserves the Relators' MA-related allegations and claims both for purposes of appeal, and because the MA-related allegations and claims remain relevant to the ACA-related allegations and claims, as they overlap with and relate to one another.

The beneficiary's risk score is then used to calculate monthly payments to the MA Organization for that beneficiary for the following year. In general, the more numerous the conditions diagnosed, and the more severe the conditions, the higher the risk score for a beneficiary and, thus, the greater the risk-adjusted payments made to the MA Organization for that beneficiary.

4. This payment model creates powerful incentives for MA Organizations to over-report diagnosis codes in order to exaggerate the expected healthcare costs for their enrollees. In order to combat these incentives and protect the Government from making erroneous payments to MA Organizations, the Government requires that submitted diagnoses be supported and validated by the beneficiaries' medical records. It is a well-established requirement that all diagnosis codes submitted to the Medicare Program for risk adjustment payments must be unambiguously supported by clinical documentation included in the beneficiaries' medical records. Kaiser knew that these medical records are the "source of truth" for the purpose of receiving and retaining risk adjustment payments, and for each individual member's medical history and clinical profile.

5. In addition, each MA Organization must expressly certify in "Risk Adjustment Attestations" submitted to CMS that the diagnosis codes it has provided are accurate and truthful. 42 C.F.R. § 422.504(1)(2). Each MA Organization must also "[a]dopt and implement an effective compliance program, which must include measures that prevent, detect, and correct non-compliance with [the Government's] program requirements as well as measures that prevent, detect, and correct fraud, waste, and abuse." 42 C.F.R. § 422.503(b)(4)(vi).

6. In excess of one million elderly and disabled Medicare beneficiaries are currently enrolled in MA Plans that are owned and operated by Kaiser throughout the United States, and that number is growing. In 2011, approximately one million Medicare beneficiaries in the United States were enrolled in Kaiser's MA Plans. In 2015, Kaiser's MA Plans had grown to 1.3 million beneficiaries, in 2016 to 1.4 million, and in 2021 to 1.7 million.

7. The United States also contributes to premiums paid by individuals to private health insurance companies, including Kaiser, under the Affordable Care Act (sometimes referred to as the "ACA"). The Affordable Care Act authorizes HHS to utilize criteria and methods similar

to those utilized under the Medicare Advantage program to implement risk adjustment, and requires similar attestations/certifications from health insurance companies as to the accuracy and documentation of their risk adjustment data. The HHS risk adjustment methodology developed by and on behalf of CMS is based on the premise that premiums should reflect the differences in plan benefits, quality, and efficiency, and not the health status of the enrolled population. Accordingly, as under the Medicare Advantage program, the ACA risk adjustment model creates powerful incentives for private health insurance companies like Kaiser to over-report diagnosis codes in order to exaggerate the expected healthcare costs for their enrollees, which lessens their contributions to the risk adjustment pool. This over-reporting also results in honest insurers receiving less from the risk adjustment pool than they otherwise would have, causing them to raise their premiums, which in turn results in higher contributions made to premiums to all insurers by the United States when those higher premiums impact benchmark rates, which they regularly do.

8. The ACA's risk adjustment program ("Risk Adjustment Program") depends on insurers providing accurate information to the Government, so that the Government has full transparency into the risk profile of each insurer, and the insurers into one another's risk profiles. The accuracy of risk adjustment information is so important to the Government that the ACA requires that insurers participating in the Exchanges certify that the risk adjustment data submitted to HHS is accurate, and provides for substantial penalties for noncompliance. Virtually every aspect of the ACA's Exchanges depends on accurate risk data – the premiums charged depend on it, the premium tax credits depend on it, and the risk adjustment payments to or from participating insurers depend on it. Thus, this case also involves, in part, conduct by the Kaiser Defendants — which operate ACA plans in many states, including California, Colorado, Oregon, Washington, Maryland, Georgia, Washington, D.C., Virginia and Hawaii — to improperly underpay into the ACA risk pool, and to receive inflated payments from the ACA risk pool, and to cause premiums, including the federal share of those premiums, to be elevated under the ACA program due to its false submission of risk adjustment information to the ACA's Risk Adjustment Program.

9. The United States pays billions of taxpayer dollars each year to Kaiser for the Medicare beneficiaries enrolled in its MA Plans and beneficiaries in its ACA Plans. Risk adjustment payments account for a substantial amount of these dollars. The diagnoses submitted by Kaiser drive a large percentage of the payments it receives from the Medicare Program, and directly impact the amount of premiums it receives from the ACA program and the amount that it receives or pays into the ACA risk pool. It is not surprising then that Kaiser is not a passive conduit of diagnoses from healthcare providers to the Medicare Program and to HHS under the ACA. Rather, for many years, Kaiser conducted programs and engaged in other activities to increase the amount of risk adjustment payments from Medicare and to falsely inflate the health risks of its members submitted to the ACA's Risk Adjustment Program. This includes programs and other efforts to directly influence and capture both the number of diagnoses and the severity of the medical conditions reported by providers and coded by Kaiser staff.

10. Ms. Bryant, until her retirement on October 3, 2017, was National Director for Kaiser's national coding quality group, and, prior to that, was Managing Director of Kaiser's Health Information Management program ("HIM") for the Kaiser Foundation Health Plan in Kaiser's Northern California ("NCAL") region. Ms. Hernandez was employed by the Kaiser Defendants in various positions from June 1995 through October 2015, and as a Kaiser contract employee through May 2016, in functions that included Regional Director of auditing and coding services for The Permanente Medical Group in Kaiser's NCAL region.

11. In these positions, Relators discovered that the Kaiser Defendants were and are engaged in fraudulent schemes pursuant to which they routinely and systematically overcharge the following government programs in the following ways:

a. Medicare Advantage

(i) Defendants "upcoded" risk adjustment claims by manipulating the documentation and submitting claims and codes to the Medicare Advantage program for diagnoses that the member does not have or for which the member was not treated in the relevant year, or by claiming that a member was treated for a more serious condition than

the member actually has, or by documenting and submitting a diagnosis that was labeled significant when it was not, or by training, educating, and programming its personnel and systems to support these fraudulent activities; and

(ii) Defendants refused to implement and ignore processes to correct (and refused to reimburse Medicare for) previously submitted risk adjustment claims when the Defendants discovered, or in the exercise of reasonable care should have discovered, that those previously submitted claims were false, and subverted and ignored Kaiser's internal compliance function and pressured it to cooperate; and

(iii) Defendants manipulated and falsified risk-adjustment data in a deliberate scheme to over-charge the Medicare Advantage program.

b. Affordable Care Act

Similarly, Defendants overdocumented and upcoded risk adjustment claims relevant to individuals covered by the ACA in the same manner and pursuant to the same schemes as relevant to the Medicare Advantage program, and similarly refused to correct or reimburse HHS for overpayments caused by this conduct, in a deliberate scheme to over-charge the ACA program, receive more in insurance premiums funded through government tax credits, and receive more of, or contribute less into, the ACA insurance pool.

c. Through this fraudulent scheme, the Kaiser Defendants defrauded the United States of hundreds of millions—and likely billions—of dollars for more than nine years.

12. Defendants' conduct alleged herein violates the federal False Claims Act. The federal False Claims Act (the "FCA") was originally enacted during the Civil War. Congress substantially amended the Act in 1986—and, again, in 2009 and 2010—to enhance the ability of the United States Government to recover losses sustained as a result of fraud against it. The Act was amended after Congress found that fraud in federal programs was pervasive and that the Act, which Congress characterized as the primary tool for combating government fraud, was in need of modernization. Congress intended that the amendments would create incentives for individuals with knowledge of fraud against the Government to disclose the information without fear of reprisals or

Government inaction, and to encourage the private bar to commit legal resources to prosecuting fraud on the Government's behalf.

13. The FCA prohibits, *inter alia*: (a) knowingly presenting (or causing to be presented) to the federal government a false or fraudulent claim for payment or approval; (b) knowingly making or using, or causing to be made or used, a false or fraudulent record or statement material to a false or fraudulent claim; (c) knowingly making, using, or causing to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay or transmit money or property to the Government; and (d) conspiring to violate any of these three sections of the FCA. 31 U.S.C. §§ 3729(a)(1)(A)-(C), and (G). Any person who violates the FCA is liable for a civil penalty of up to $21,916 for each violation, plus three times the amount of the damages sustained by the United States. 31 U.S.C. § 3729(a)(1).

14. For purposes of the FCA, a person "knows" a claim is false if that person: "(i) has actual knowledge of [the falsity of] the information; (ii) acts in deliberate ignorance of the truth or falsity of the information; or (iii) acts in reckless disregard of the truth or falsity of the information." 31 U.S.C. § 3729(b)(1). The FCA does not require proof that the defendants specifically intended to commit fraud. *Id*. Unless otherwise indicated, whenever the words "know," "learn," discover" or similar words indicating knowledge are used in this Complaint, they mean knowledge as defined in the FCA.

15. Each claim for risk adjustment payments that defendants have submitted or caused to be submitted to CMS under the Medicare Advantage program, where the patient was not treated by a qualified provider for that condition in the year in question, and/or the treatment and condition are not properly documented in the medical record is a false and/or fraudulent claim within the meaning of the FCA, so long as defendant knew that the claim was false when it was submitted, or the defendant later discovered its falsity and refused to correct the claim.

16. Similarly, under the ACA program, Kaiser submits false claims when it certifies its risk adjustment data as being accurate when it is not, as that false data is used to

determine risk adjustment payments made from or to the Government. Kaiser also causes false claims to be submitted via premium tax credits, due to Kaiser's manipulation of the data it presents to the Government with its risk adjustment submissions. And, every payment made to, from, or through the Government in connection with the ACA is a false claim, because Kaiser should be ineligible to participate in the ACA exchanges due to its manipulation of risk adjustment data.

17. The FCA allows any person having information about an FCA violation to bring an action on behalf of the United States, and to share in any recovery. The FCA requires that the Complaint be filed under seal for a minimum of 60 days (without service on the defendant during that time) to allow the government time to conduct its own investigation and to determine whether to join the suit.

18. Based on the foregoing laws, Relators Gloryanne Bryant and Victoria M. Hernandez seek, through this action, to recover damages and civil penalties arising from the false or fraudulent records, statements and/or claims that the Defendants made or caused to be made in connection with false and/or fraudulent claims for Medicare Advantage risk adjustment payments, and in connection with false and/or fraudulent claims relating to Affordable Care Act insurance pool distributions and ACA insurance premiums and credits.

JURISDICTION

19. This Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. § 1331 and 31 U.S.C. § 3732(a), which specifically confers jurisdiction on this Court for actions brought under 31 U.S.C. § 3730.

20. This Court has personal jurisdiction over Defendants pursuant to 31 U.S.C. § 3732(a) because at least one of the Defendants can be found in, resides in, transacts business in, or has committed the alleged acts in the Northern District of California.

VENUE AND INTRADISTRICT ASSIGNMENT

21. Venue is proper in this District pursuant to 28 U.S.C. § 1391(b) because a substantial part of the events or omissions giving rise to the claims occurred in San Francisco County

and Alameda County, and within the Division and Courthouse in which this action has been commenced.

PARTIES

I. PLAINTIFFS

22. Plaintiff-Relator Gloryanne Bryant is an individual who, currently and during all times relevant to this action, resides in this judicial district. After her distinguished career in senior coding compliance positions with other California-based health care companies, Kaiser hired Ms. Bryant in May 2009 into a senior leadership position as Managing Director HIM for the Kaiser Foundation Health Plan, Northern California Revenue Cycle. Ms. Bryant remained at Kaiser until her retirement, effective as of October 3, 2017. In September 2013, Ms. Bryant was promoted to National Director Coding Quality, Education, Systems and Support for Kaiser's National Revenue Cycle Program Office, a position which she held until her retirement. Ms. Bryant is a nationally recognized expert and educator in coding, clinical documentation improvement, and physician querying, and speaks and teaches regularly to state, regional, and national audiences. She holds professional designations of RHIA, RHIT, CCS, CDIP, and CCDS, and is an AHIMA-Approved ICD-10-CM/PCS Trainer.

23. Plaintiff-Relator Victoria M. Hernandez is an individual who, currently and during all times relevant to this action, resides in this judicial district. Ms. Hernandez is a coding professional with over 25 years of experience in the healthcare field. She was employed by the Kaiser Defendants in various coding leadership positions from January 2000 through October 2015, including: (i) Regional Director of Auditing & Coding Services for TPMG from October 2014 through October 2015; (ii) Regional Director of Hospital Coding Audit & Education for Kaiser Foundation Health Plan from April 2012 through October 2014; and (iii) Regional Coding Review Manager for Kaiser Foundation Health Plan's Revenue Cycle HIM from February 2010 through April 2012. She holds professional designations of RHIA, CDIP, CCS, CCS-P and is an AHIMA-Approved ICD-10-CM/PCS Trainer.

24. The United States, on whose behalf Relators bring this suit, is the real party in interest. The United States has ongoing contracts with Defendants through CMS, in accordance with Defendants' participation in the Medicare and Medicaid programs, and through HHS, in accordance with Defendants' participation in the ACA program.

II. THE DEFENDANTS

25. Kaiser Foundation Health Plan, Inc. is part of Kaiser Permanente, an integrated healthcare consortium, that operates one of the nation's largest health plans, serving over 12 million members. Kaiser employs doctors and other medical professionals and provides medical services through its Permanente Medical Groups, a for-profit set of regional affiliates that includes The Permanente Medical Group ("TPMG") in Northern California, Southern California Permanente Medical Group ("SCPMG") in Southern California, and five other regional areas including Hawaii, the Pacific Northwest, Colorado, Georgia and the Mid-Atlantic States. Kaiser owns and operates acute care hospitals in four regions (Northern California, Southern California, Northwest and Hawaii), and provides care in other settings through its non-profit Kaiser Foundation Hospitals ("KFH").

26. Kaiser's private health insurance plan covers the majority of its patient population. Kaiser Foundation Health Plan, Inc. and its subsidiary health plans also operate, however, various MA Plans, including Medicare Advantage HMO plans called "Senior Advantage," serving approximately 1.7 million members in 2021, and 1.4 million members in 2016, in approximately seven states and one district. As of 2016, Kaiser's Medicare Advantage Program served approximately 10% of Kaiser's overall patient population (10.7 million total as of 2016), but generated approximately 30% of Kaiser's overall profits. As of 2014, Kaiser's various ACA plans served approximately 1 million customers, and generated billions in revenue for Kaiser.

27. Kaiser reported overall operating revenue of $93.1 billion in 2021, compared to $64.6 billion in 2016 and $60.7 billion in 2015. Kaiser reported net income of $8.1 billion in 2021, compared to $3.1 billion in 2016 and $1.9 billion in 2015.

Kaiser Permanente Total Health Plan Membership, by Region (as of September 2022)

Northern California:	4,600,000
Southern California:	4,800,000
Colorado:	509,773
Georgia:	318,173
Hawaii:	266,531
Mid-Atlantic States (Va., Md., D.C.):	825,652
Northwest (Ore./Wash.):	637,987
Washington:	661,081

Source: https://about.kaiserpermanente.org/who-we-are/fast-facts/

28. Pursuant to inter-company agreements, the Kaiser Foundation Health Plan, Inc. and its subsidiaries share moneys received from federal and state governments with Kaiser's various Permanente Medical Groups and Kaiser Foundation Hospitals. Accordingly, all of the named Kaiser Defendants possess financial interests in maximizing the amounts claimed to and paid by the governments, and each Kaiser Defendant has participated in various aspects of the fraudulent practices, as described further herein.

29. Defendant Kaiser Foundation Health Plan, Inc. is a California corporation with its principal place of business in Oakland, California within this judicial district.

30. Defendant Kaiser Foundation Hospitals is a California corporation with its principal place of business in Oakland, California within this judicial district.

31. Defendant The Permanente Medical Group, Inc. ("TPMG") is a California corporation with its principal place of business in Oakland, California within this judicial district. TPMG operates all Kaiser medical group operations in the Northern California region ("NCAL region").

32. Defendant Southern California Permanente Medical Group ("Southern California PMG" or "SCPMG") is a California corporation with its principal place of business in Pasadena, California. SCPMG operates all Kaiser medical group operations in the Southern California region ("SCAL region").

33. Defendant Colorado Permanente Medical Group, P.C. ("Colorado PMG") is a Colorado corporation with its principal place of business in Denver, Colorado. The Colorado PMG operates all Kaiser medical group operations in the Colorado region.

34. Defendant The Southeast Permanente Medical Group, Inc. ("Southeast PMG") is a Georgia corporation with its principal place of business in Atlanta, Georgia. The Southeast PMG operates all Kaiser medical group operations in the Southeast region.

35. Defendant Hawaii Permanente Medical Group, Inc. ("Hawaii PMG") is a Hawaii corporation with its principal place of business in Honolulu, Hawaii. The Hawaii PMG operates all Kaiser medical group operations in the Hawaii region.

36. Defendant Mid-Atlantic Permanente Medical Group, PC ("Mid-Atlantic PMG") is a Maryland corporation with its principal place of business in Rockville, Maryland. The Mid-Atlantic PMG operates all Kaiser medical group operations in the Mid-Atlantic region, including Georgia.

37. Defendant Northwest Permanente, P.C. ("Northwest PMG") is an Oregon corporation with its principal place of business in Portland, Oregon. The Northwest PMG operates all Kaiser medical group operations in the Northwest region, including Oregon.

38. Defendant Washington Permanente Medical Group, P.C. ("Washington PMG") is a Washington corporation with its principal place of business in Seattle, Washington. The Washington PMG operates all Kaiser medical group operations in the Washington region.

39. TPMG, Southern California PMG, Colorado PMG, Southeast PMG, Hawaii PMG, Mid-Atlantic PMG, Northwest PMG, and Washington PMG are referred to collectively herein as "The Permanente Medical Groups" or "PMGs". The PMGs have a national leadership and consulting organization, the Permanente Federation, which is run by the leadership of the PMGs. Unless stated otherwise, references to Kaiser actions or conduct taking place in a particular Kaiser region refers to the actions or conduct of the specific Permanente Medical Group that operates in that region.

40. Defendants Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan of Georgia, Inc., Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Kaiser Foundation Health Plan of the Northwest, and Kaiser Foundation Health Plan of Washington (the "Kaiser Health Plans") are corporations organized under the laws of, and with their principle places of businesses in, Colorado, Georgia, Maryland, Oregon and Washington, respectively, and are subsidiaries of Kaiser Foundation Health Plan, Inc. Unless stated otherwise, references to the actions or conduct of a Kaiser health plan taking place in a particular Kaiser region refers to the actions or conduct of the specific Kaiser Health Plan that operates in that region.

THE LAW

I. MEDICARE ADVANTAGE (MEDICARE PART C)

41. Under Medicare Part C, the Medicare Program pays each MA Organization a predetermined monthly amount for each Medicare beneficiary in the plan. This monthly payment is known as a "per-member, per-month" payment (or "PMPM"). This capitated payment for each plan varies depending on various factors, including amounts set forth in the plan's bid submitted to CMS. Since 2000, Congress has also required that the payments be risk adjusted for each beneficiary based on demographic factors (*e.g.*, gender, age) and health status. By risk adjusting for health status, Congress required that more be paid for beneficiaries with higher risk scores than be paid for beneficiaries with lower risk scores. CMS currently employs a health-based risk adjustment model — known as the Hierarchical Conditions Category ("HCC") model — that takes into account

diagnoses from inpatient hospital stays, emergency and outpatient surgery encounters, and physician office visits.

42. The HCC model is prospective, meaning that it relies on diagnoses for certain medical conditions assigned to beneficiaries by their physicians in a one calendar year timeframe (referred to by CMS as the "data collection" year but also generally known as the "date of service" or "DOS" year) to set the payment for each beneficiary for the following year (often referred to as the "payment year" or "PY"). The medical conditions included in the model are grouped into HCCs, which are categories of clinically-related medical diagnoses. *See* 42 C.F.R. § 422.2. The diagnoses grouped into HCCs include major, severe/acute, and/or chronic illnesses. Related groups of diagnoses are ranked on the basis of disease severity and the cost associated with their treatment. Between 2004 and 2013, the CMS-HCC model included 70 HCCs. Starting in 2014, the CMS-HCC model included 79 HCCs.

43. The Government assigns a relative numerical value/weight to each HCC group that correlates to the predicted incremental costs of care associated with treating the medical conditions in each category. It determines the relative values based on the amounts that it paid to fee-for-service providers to treat these major, severe, and chronic medical conditions under Parts A and B of the Medicare Program. Higher relative values/weights are assigned to HCCs that include diagnoses with greater disease severity and greater costs associated with their treatment.

44. As previously stated, the HCC risk adjustment model is prospective and a beneficiary's risk score for a particular payment year is determined by his or her medical conditions during the previous year (*i.e.*, the date of service year). These medical conditions must be documented by a qualified healthcare provider (*e.g.*, a doctor, physician's assistant, etc. as defined by the CMS MA program) in the beneficiary's medical record during the previous year.

45. Each beneficiary's risk score is calculated anew for each payment year. For example, a beneficiary's risk score for payment year 2012 is determined by the diagnoses that his or her qualified healthcare providers documented in his or her medical records during face-to-face medical encounters during date of service year 2011.

46. MA Organizations obtain diagnosis data from the healthcare providers that treat the beneficiaries in their plans. Healthcare providers can transmit diagnosis codes to MA Organizations with claims for payment for services rendered, in encounter records reporting the services rendered, or by alternative means.

47. MA Organizations submit risk adjustment data, including diagnoses, to CMS using CMS' Risk Adjustment Processing System ("RAPS"). Each RAPS submission must include the following information: the Medicare beneficiary's identification number (called a "HIC number" or "HICN"); the date(s) of the medical encounter; the type of provider (physician or hospital); and the diagnosis code(s) reported by the provider for the encounter. Medical encounters include physician office visits, hospital outpatient visits, and hospital inpatient stays.

48. MA Organizations are entitled to risk adjustment payments based on the diagnosis codes that they submit to CMS only if the codes are from face-to-face medical encounters between the Medicare beneficiary and provider, the encounter occurred during the relevant date of service year, the provider was of a type and specialty acceptable for risk adjustment purposes, and at the time of the encounter, the provider documented the medical conditions identified by the diagnosis codes in the medical record based on acceptable documentation. In addition, codes should be based on documented conditions that require or affect patient care treatment or management. *See* 2008 Risk Adjustment Data Technical Assistance for Medicare Advantage Organizations Participant Guide ("2008 RA Participation Guide") at § 6.4.1.

49. Risk adjustment claims are true, and the resulting risk adjustment payments are valid, only to the extent that the diagnosis codes submitted by the MA Organizations are valid. The diagnoses must be coded according to the *International Classification of Diseases (ICD) Clinical Modification Guidelines for Coding and Reporting* ("ICD-9- CM" & "ICD-10-CM") and documented with sufficient clinical specificity. All diagnosis codes submitted by MA Organizations must be supported by medical record documentation. If the medical record is ambiguous, it cannot be relied on for diagnosis information for risk adjustment payments. *See* 2008 RA Participation

Guide at § 7.2.4.1 (stating that risk adjustment claims and payments cannot be based on questionable diagnoses).

50. MAOs have a statutory obligation to report and return any overpayment received from the Government, 42 U.S.C. § 1320a-7k(d). Further, federal regulations are clear that MAOs like Kaiser are required to report and return both overpayments that they have identified and overpayments that they "should have determined through the exercise of reasonable diligence" were made by CMS. 42 C.F.R. § 422.326(c). The law is clear that any overpayment retained after the statutory deadline of 60 days is an "obligation" for purposes of 31 U.S.C. § 3729. 42 U.S.C. § 1320a-7k(d)(4)(B) (defining overpayments); 42 C.F.R. § 422.326(e).

II. AFFORDABLE CARE ACT

51. Through passage of the landmark ACA, Congress greatly expanded the availability of health insurance to previously uninsured Americans by making insurance more accessible and less expensive. To do this, it prohibited insurers from setting premiums based on the health status of prospective enrollees, and provided tax credits to qualifying individuals to cover premium costs. This allowed millions of previously uninsured Americans, who may not have had health insurance prior to the ACA due to preexisting health conditions or financial inability to pay premiums, to become insured.

52. One of the principal features of the ACA is the creation of "Exchanges" consisting of private insurers offering health insurance plans to individuals and small groups in a particular State. The Kaiser Health Plans each sell health care plans through the ACA Exchanges in their respective States and regions.

53. Under the ACA, private insurers offer different tiers of plans: Bronze, Silver, Gold, or Platinum. Consumers select the tier of coverage they want from among the insurers offering plans in their area, and pay the corresponding monthly premium, with the Government providing tax credits to fully or partially offset the monthly premiums for those consumers that qualify. The insurer has to justify the premium charged by providing the Government with a comprehensive set of data that explains the rates charged.

54. Opening up insurance to those without existing coverage, like the ACA did, could also make insurers flee the market due to fears of unhealthy individuals rushing to sign-up, coupled with the general uncertainty of what kind of risk pool would develop when prices did not depend on existing health conditions. At the same time, the success of the ACA Exchanges depends on enticing insurers to offer coverage and compete against one another to keep premiums low.

55. To meet both goals – keeping insurers in the market, and keeping prices low – as part of the ACA, Congress set up the Risk Adjustment Program. The ACA's Risk Adjustment Program, explained in greater detail below, "is intended to provide increased payments to health insurance issuers that attract higher-risk populations (such as those with chronic conditions) and reduce the incentives for issuers to avoid higher-risk enrollees. Under this program, funds are transferred from issuers with lower-risk enrollees to issuers with higher-risk enrollees." Final Rule, 77 Fed. Reg. 17220, 17221 (Mar. 23, 2012).

56. The ACA's Risk Adjustment Program takes patient data provided by insurers, evaluates each insurer's risk in a given market, and shifts money from insurers who ended up with healthier populations to insurers who ended up with sicker populations. After completion of the risk adjustment process for a given benefit year, the Government shifts funds by issuing invoices to those insurers who owe risk adjustment payments (and those insurers then submit the due funds directly to the Government), and issues payments from the Treasury to those insurers who are due risk adjustment payments.

57. The ACA's Risk Adjustment Program depends on insurers providing accurate information to the Government, so that the Government has full transparency into the risk profile of each insurer, and the insurers have transparency into the risk profiles of one another. The accuracy of risk adjustment data is so important to the Government that the ACA requires that insurers participating in the Exchanges certify that the risk adjustment data submitted to HHS is accurate, and provides for substantial penalties for noncompliance. Virtually every aspect of the ACA's Exchanges depends on accurate risk data – the premiums charged depend on it, the premium tax

credits depend on it, and the risk adjustment payments to or from participating insurers depend on it.

58. This balancing of risk is of critical importance to the ACA. If there were no risk sharing among insurers, fewer (if any) insurers would participate in the program, leaving uninsured Americans with more expensive health care coverage, and resulting in fewer people having health insurance.

59. Through the Risk Adjustment Program, the Government thus balances out the overall risks taken on by insurers in a given market, by shifting funds from insurers with less risky (less expensive, more healthy) patients to insurers with more risky (more expensive, less healthy) patients. *See* 42 U.S.C. § 18063(a).

60. Through the ACA, Congress authorized the Secretary of HHS to "issue regulations setting standards for meeting the requirements" of, *inter alia*, the establishment of Risk Adjustment Programs. 42 U.S.C. § 18041(a)(1)(C).

61. On March 23, 2012, HHS issued a Final Rule setting forth 45 CFR Part 153, the regulations implementing standards including standards for the Risk Adjustment Program. 77 Fed. Reg. 17220 (Mar. 23, 2012). HHS modified and expanded Part 153 as its experience with the Risk Adjustment Program dictated. For instance, on March 11, 2013, HHS issued a Final Rule making certain changes to 45 CFR Part 153, including adding Subpart H, "Distributed Data Collection for HHS-Operated Programs." 78 Fed. Reg. 15410 (Mar. 11, 2013).

A. HHS Operates the ACA Risk Adjustment Program

62. Each State has the option of establishing and running its own Risk Adjustment Program, or letting HHS "carry out all of the provisions" of the Risk Adjustment Program "on behalf of the State." 42 C.F.R. §§ 153.310(a)(2) and (a)(3).

63. Since 2017, all States have opted to let HHS run and administer their Risk Adjustment Programs. Prior to 2017, the only exception was Massachusetts. Kaiser does not offer health care plans in Massachusetts. In other words, in all States in which Kaiser offers health care plans through the ACA—California, Colorado, the District of Columbia, Georgia, Hawaii,

Maryland, Oregon, Virginia, and Washington—and since 2014 when the ACA's Risk Adjustment Program became operative, HHS has operated and continues to operate the Risk Adjustment Programs.

64. Accordingly, only HHS-operated Risk Adjustment Programs are relevant to this lawsuit; how Massachusetts (the sole other entity to operate a Risk Adjustment Program under the ACA) operated its Risk Adjustment Program prior to 2017 has no bearing on this lawsuit, Relators' claims, or Kaiser's fraud.

B. Requirements and Operation of HHS' Risk Adjustment Program

65. The ACA utilizes a hierarchical condition category ("HCC") model (the "HHS-HCC" model) modeled after the Medicare risk adjustment model. *See, e.g.*, 2013 Final Rule, 78 Fed. Reg. 15410, 15420 ("The ten principles that were used to develop the HCC classification system for the Medicare risk adjustment model also guided the creation of the HHS risk adjustment model[.]"). The medical conditions in the model are grouped into HCCs, or categories of clinically-related medical diagnoses. Initially, 127 HHS-HCCs were included in the HHS risk adjustment model. *Id*. The HHS-HCC model also takes into account prescription drug data.

66. The HHS risk adjustment model determines an individual's "individual risk score," defined as "a relative measure of predicted health care costs for a particular enrollee that is the result of a risk adjustment model." 45 C.F.R. § 153.20. Under the HHS Risk Adjustment Model, the "individual risk score" is determined by an individual's age, sex, and medical diagnoses. *See, e.g.*, 2013 Final Rule, 78 Fed. Reg. 15410, 15422 ("For clarity, we describe here the HHS risk adjustment models that we are finalizing. An individual's risk score will be calculated for adults and children as the sum of the factors in the applicable model for the relevant age and sex categories, HHS HCCs, and, where applicable, disease interactions."); 2016 Final Rule, 81 Fed. Reg. 94058, 94071 ("In each of the adult and child models, the relative costs assigned to an enrollee's age, sex and diagnoses are added together to produce a risk score.").

67. With respect to documenting medical data related to diseases, injuries, impairments, other health problems, as well as the diagnosis, treatment, and management of hospital

inpatients, the ACA requires the use of the International Classification for Diseases ("ICD") standards. Before October 1, 2015, the ACA's standard was ICD-9-CM. *See* 45 C.F.R. § 162.1002(a) and (b). After that date, the ACA has required the use of ICD-10-CM. *See* 45 C.F.R. § 162.1002(c). *See also* 45 C.F.R. § 153.610 (requiring that all "risk adjustment data" be submitted in accordance with the procedures established by HHS). At all times, the ACA has further required that insurers in its Exchanges adhere to "The Official [ICD-9-CM or ICD-10-CM] Guidelines for Coding and Reporting." 45 C.F.R. § 162.1002(a), (b), and (c). Thus, in addition to the ICD-9-CM and ICD-10-CM classifications, adherence to the corresponding Official Guidelines for Coding and Reporting is mandatory under the ACA.

68. To facilitate the Risk Adjustment Program, HHS requires insurers to use a "dedicated distributed data environment" to provide required data to HHS. *See* 45 C.F.R. § 153.700(a) ("***Dedicated distributed data environments.*** For each benefit year in which HHS operates the risk adjustment or reinsurance program on behalf of a State, an issuer of a risk adjustment covered plan or reinsurance-eligible plan in the State, as applicable, must establish a dedicated data environment and provide data access to HHS, in a manner and timeframe specified by HHS, for any HHS-operated risk adjustment and reinsurance program.").

69. Binding ACA regulations require entities participating in the Exchanges to validate the data that they submit to the Government as part of the risk adjustment process, including ensuring that the documentation "align[s] with dates of service for the medical diagnoses, and reflect[s] permitted providers and services," and "[v]alidating medical records according to industry standards for coding and reporting." 45 C.F.R. § 153.630(b)(7).

70. The "dedicated distributed data collection environment" that HHS requires insurers to use is called the External Data Gathering Environment, or EDGE. Using EDGE, insurers must provide HHS with "access to enrollee-level plan enrollment data, enrollee claims data, and enrollee encounter data as specified by HHS." 45 C.F.R. § 153.710(a). As set forth above, that data includes HHS-HCC diagnoses.

71. The insurer confirms that the data contained in EDGE is accurate by way of an attestation that legally and financially binds the insurer.

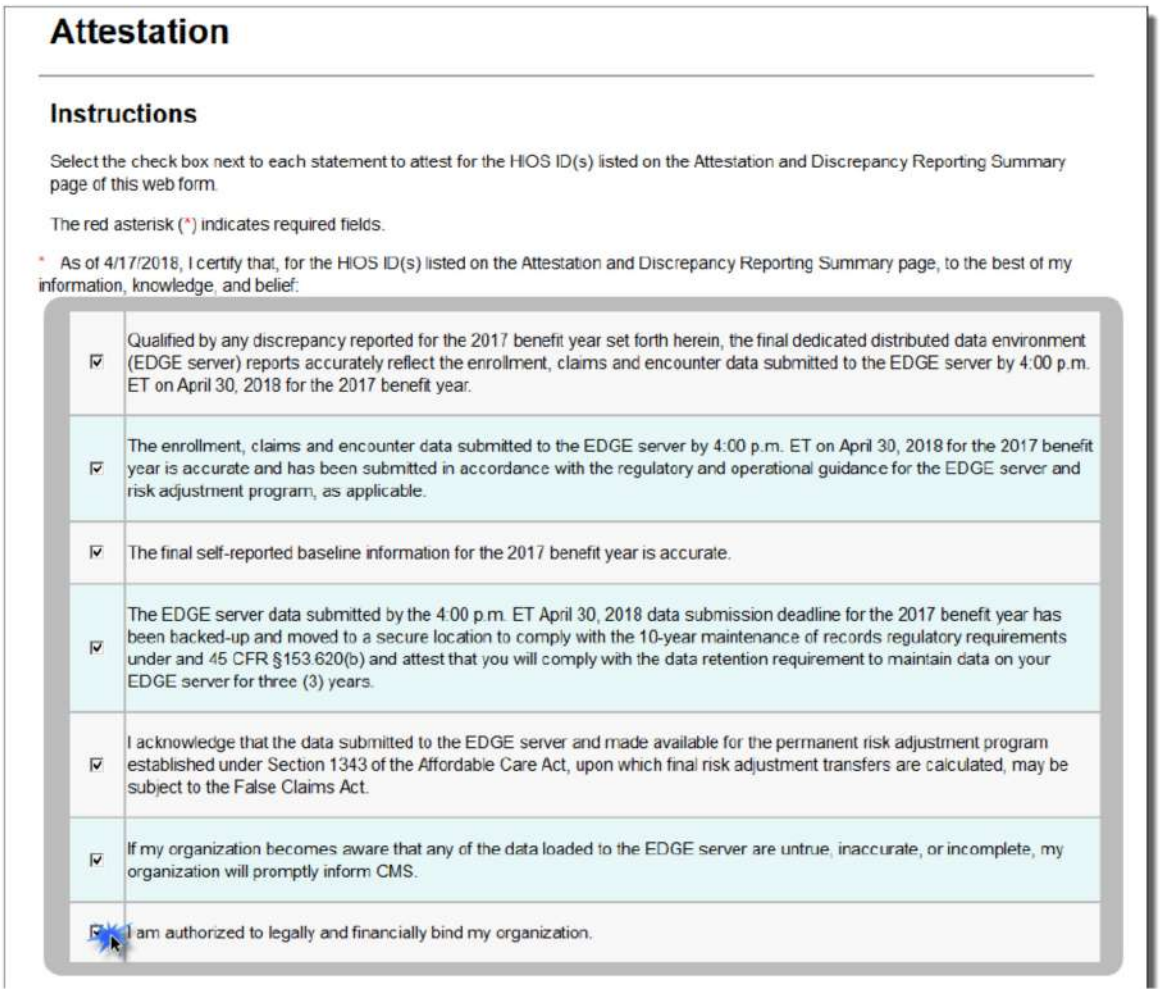
72. Specifically, at the end of the EDGE data submission process, HHS issues final EDGE server reports to an insurer, reflecting the data that the insurer has submitted for a benefit year. The insurer then has 15 days to either confirm that the information contained in the final EDGE server report for a benefit year is accurate, or describe any discrepancy that it identifies. 45 C.F.R. § 153.710(d). HHS considers a discrepancy to be "material" if it exceeds the lesser of $100,000 or 1% of the payment due to or from the insurer under the Risk Adjustment Program. 45 C.F.R. § 153.710(e).[2]

73. In providing the EDGE attestations, insurers certify that the information provided via EDGE accurately reflects the enrollment and claims data for the insurer; that the insurer has complied with all regulatory and operational guidance for the EDGE system; and that data submitted and used for the Risk Adjustment Program may be subject to the False Claims Act. For example, below is a screenshot of the 2017 benefit year attestation:

[2] The materiality threshold was changed from $10,000 to $100,000 in 2021. *See* 2021 Final Rule, 86 Fed. Reg. 24140, 24195-95.

EDGE Attestation & Discrepancy Reporting

Figure 35: Attestation Statement



Attestation

Instructions

Select the check box next to each statement to attest for the HIOS ID(s) listed on the Attestation and Discrepancy Reporting Summary page of this web form.

The red asterisk (*) indicates required fields.

* As of 4/17/2018, I certify that, for the HIOS ID(s) listed on the Attestation and Discrepancy Reporting Summary page, to the best of my information, knowledge, and belief:

- ☑ Qualified by any discrepancy reported for the 2017 benefit year set forth herein, the final dedicated distributed data environment (EDGE server) reports accurately reflect the enrollment, claims and encounter data submitted to the EDGE server by 4:00 p.m. ET on April 30, 2018 for the 2017 benefit year.
- ☑ The enrollment, claims and encounter data submitted to the EDGE server by 4:00 p.m. ET on April 30, 2018 for the 2017 benefit year is accurate and has been submitted in accordance with the regulatory and operational guidance for the EDGE server and risk adjustment program, as applicable.
- ☑ The final self-reported baseline information for the 2017 benefit year is accurate.
- ☑ The EDGE server data submitted by the 4:00 p.m. ET April 30, 2018 data submission deadline for the 2017 benefit year has been backed-up and moved to a secure location to comply with the 10-year maintenance of records regulatory requirements under and 45 CFR §153.620(b) and attest that you will comply with the data retention requirement to maintain data on your EDGE server for three (3) years.
- ☑ I acknowledge that the data submitted to the EDGE server and made available for the permanent risk adjustment program established under Section 1343 of the Affordable Care Act, upon which final risk adjustment transfers are calculated, may be subject to the False Claims Act.
- ☑ If my organization becomes aware that any of the data loaded to the EDGE server are untrue, inaccurate, or incomplete, my organization will promptly inform CMS.
- ☑ I am authorized to legally and financially bind my organization.

Source: EDGE Attestation & Discrepancy Reporting, Web Form Guide, May 2018.

C. How Premiums Are Calculated Under the ACA

74. Every insurer offering health insurance in either the individual market or small group market through the ACA must submit a "rate filing justification" with CMS in support of the premiums that it charges. 45 C.F.R. § 154.103; 45 C.F.R. § 154.215.

75. The "rate filing justification" that insurers submit includes a completed "Unified Rate Review Template" ("URRT") which includes historical and projected claims data. 45 C.F.R. § 154.215(a)(1); 45 C.F.R. § 154.215(d)(1). As HHS explains, "[t]he URRT is required for

all single risk pool plans in the individual, small group, and combined markets. This includes single risk pool plans that experience no rate changes, rate decreases, as well as new single risk pool plans. It is intended to capture information needed to monitor premium increases of health insurance coverage offered through and outside an Exchange and ensure compliance with the single risk pool methodology, including allowable market level Index Rate adjustments to reflect risk adjustment payments and charges, and other federal rating requirements." 2023 Unified Rate Review Instructions, OMB Control No. 0938-1141, at 4. The use of a single risk pool is a critical component of the ACA and the URRT process. All participating insurers are required to set their plans to the market average by estimating risk adjustments. Though insurers do not have to use the URRT methodology to construct their premiums, they do have to input their data according to URRT guidelines.

76. HHS provides step-by-step instructions for insurers to complete the URRT. *See* 2023 Unified Rate Review Instructions, OMB Control No. 0938-1141. Through the URRT process, the insurer derives the ultimate Consumer Adjusted Premium Rates, as shown in this diagram from the instructions:

The following graphic depicts the flow of the Index Rate development process:

Figure 1 Flow of the Index Rate development process



Source: 2023 Unified Rate Review Instructions, OMB Control No. 0938-1141, at 10.

77. The insurer's premiums factor in payments that the insurer expects to either make or receive through the Risk Adjustment Program. *See, e.g.*, 45 C.F.R. § 156.80(d)(1)(ii). In completing the URRT, when making adjustments to the Projected Index Rate (the second blue box in the diagram above), the insurer includes the amount of risk adjustment payments that the insurer expects to receive or make under the ACA's Risk Adjustment Program. 2023 Unified Rate Review Instructions, OMB Control No. 0938-1141, at 18.

78. In addition, if the insurer is increasing its rates at all from the previous year, it must also include "an actuarial memorandum that contains the reasoning and assumptions" supporting the proposed rate. 45 C.F.R. § 154.215(a)(2); 45 C.F.R. § 154.215(f). If the proposed increase is more than 15%, the insurer also has to provide a written description justifying the rate increase. 45 C.F.R. § 154.215(a)(3); 45 C.F.R. § 154.215(e). In many years since the ACA's inception, Kaiser has submitted such actuarial memoranda and written descriptions as part of the URRT process to justify increasing its rates.

D. Premium Tax Credits Under the ACA

79. Through the ACA, the Government pays a portion of premiums to insurers offering ACA plans. It does so through the use of tax credits, using federal funds to pay private insurers for all or part of the premiums charged to qualifying individuals under the ACA.

80. The amount of the tax credit depends on two things: the cost of the "benchmark plan" for an individual, and the individual's expected contribution (based on a percentage of the individual's income). Essentially, the Government, using federal funds, pays those portions of the ACA premiums that exceed an individual's expected contributions to the cost of the benchmark plan in the individual's area.

81. The "benchmark plan" is the "second lowest cost silver plan… offered through the Exchange for the rating area where the taxpayer resides[.]" 26 C.F.R. § 1.36B-3(f).

82. An individual's expected contribution is determined on a sliding scale, based on family size and income.

83. Thus, the amount of the premium tax credit is the cost of the benchmark plan minus the expected contribution.[3]

84. Individuals then take that tax credit and apply it to whatever type of plan - Platinum, Gold, Silver, Bronze - they choose, from whichever insurer. The amount of the credit does not change based on the plan chosen, and the credit can be applied to any plan, not just the

[3] Due to the American Rescue Plan and the Inflation Reduction Act, from 2021 through 2025, the expected contribution is capped at 8.5% of a household's income.

benchmark plan. Individuals can elect to have the premium tax credit paid directly from the Government to their insurer, or can claim it on their tax returns. In either scenario, Government funds are used to pay the credit. If the premium of the plan selected by the individual is less than the tax credit to which the individual is entitled, the maximum credit applied is the amount of the premium.

E. Conditions of Insurer Participation in the ACA

85. The ACA explicitly addresses materiality as follows: "Compliance with the requirements of this Act concerning eligibility for a health insurance issuer to participate in the Exchange shall be a material condition of an issuer's entitlement to receive payments, including payments of premium tax credits and cost-sharing reductions, through the Exchange." 42 U.S.C. § 18033(a)(6)(A).

86. The Secretary has issued "issuer participation standards" establishing criteria that must be met for insurers to be eligible to participate in the ACA. 45 C.F.R. § 156.200. *See also* 77 Final Rule 18309 at 18415 ("In § 156.200, we outline the proposed standards on QHP issuers as a condition of participation in the Exchange."). The "participation standards" outlined by the Secretary include the requirement that insurers comply with the Risk Adjustment standards contained in 45 C.F.R. part 153. 45 C.F.R. § 156.200(b)(7).

87. Thus, in order for an insurer to be able to participate in the ACA Exchange, and to receive premium tax credits and risk-adjustment payments, it must comply with the Risk Adjustment standards discussed above and set forth in 45 C.F.R. part 153.

THE FACTS

I. KAISER AND ITS RELATED COMPANIES OVERDOCUMENT AND OVERCODE/UPCODE "HIGH-VALUE" HIERARCHICAL CONDITION CODES ("HCCS")

88. Ms. Bryant and Ms. Hernandez have witnessed Kaiser and its related companies engage in systematic fraud on the Medicare Advantage program and the ACA program for many years through teaching and implementing "HCC maximization techniques" to physicians and coding staff, resulting in systematic over-documenting, over-coding and upcoding of certain

high value HCCs, as detailed below. The HCCs directly impact risk adjustment scores, meaning that the Government overpays Kaiser for its patient population which is not as sick as Kaiser reports.

89. Kaiser submitted a Risk Adjustment Attestation to the Medicare Program each year after the final risk adjustment submission deadline and knew that it was required to submit a truthful Risk Adjustment Attestation. Despite its obligations under Medicare law, Kaiser's documentation, coding and Risk Adjustment Attestations have been false.

90. Similarly, Kaiser submitted Risk Adjustment Attestations to HHS under the ACA program each year after the final risk adjustment submission deadline and knew that it was required to submit truthful Risk Adjustment Attestations. Despite its obligations under the ACA, Kaiser's documentation, coding and Risk Adjustment Attestations have been false.

A. Aortic Atherosclerosis ("AA")

1. Clinical significance, documentation and coding convention

91. AA is sometimes referred to as "hardening of the arteries." It describes a thickening and loss of elasticity in the arterial wall. This condition is often an incidental finding in radiology and imaging reports and neither treated nor managed after being identified. It often has no impact on patient care or outcomes. Unless AA is related to signs, symptoms or conditions/diagnoses that necessitated the performance of the radiology and imaging test, treatment and management is actually directed toward the AA, or a follow-up office visit is ordered for treatment, it should not be reported/coded to Medicare.

92. For example, the American Hospital Association's ("AHA") Coding Clinic, the official clearing house for ICD-9-CM and ICD-10-CM/PCS coding guidance, publishes the following guidance for outpatient encounters, including emergency room visits: "It is inappropriate to report an incidental finding found on a radiology report when the finding is unrelated to the sign, symptom, or condition that necessitated the performance of the test for a patient being seen in the emergency department (ED). The ED physician would need to clarify that the finding was clinically significant and related to the visit in order for it be coded." *See* Exhibit 1.

93. Official Coding and Reporting Guidelines applicable to inpatient encounters further confirm that coding is only appropriate for "encounters for diagnostic tests that [actually] have been interpreted by a provider," and "abnormal findings … are not coded and reported unless the provider indicates their clinical significance." When it is coded, AA is currently assigned ICD-10-CM code 170.0 (Atherosclerosis of Aorta). Under ICD-9-CM, AA was assigned ICD-9-CM code 440.0 (Atherosclerosis of Aorta). The AA diagnosis is assigned to HCC 108; in 2016, Kaiser received approximately $2,260 for each HCC 108 code under Medicare Advantage. There is no corresponding HHS-HCC for AA in the ACA program.

2. Kaiser's scheme

94. Labeled an "area of significant missed opportunity" by Kaiser's Medicare Finance Group and Kaiser's Permanente Medical Groups, Kaiser implemented an HCC initiative in 2011 to review and capture AA diagnoses in all clinic, emergency, outpatient surgery, and inpatient encounters, even when incidental to the encounter. In Kaiser's NCAL region, Kaiser subsidiary TPMG trained its physicians to choose a diagnosis from Kaiser's proprietary, electronic diagnosis "pick list" to capture AA, even when it was merely an incidental finding.

95. Kaiser's TPMG senior clinician leaders took the position that AA is a "chronic, systemic condition" that is a permanent risk factor once diagnosed, and thus is properly codeable regardless of its actual significance or treatment. This interpretation, if accurate, would result in the AA diagnosis meeting the Official Coding and Reporting Guideline for the coding of a systemic condition without coding staff questioning it. Kaiser's NCAL TPMG region directed Regional Health Information Management ("Regional HIM") coding leaders to instruct and train to "always code" AA on the basis that it was supposedly a systemic condition and should always be coded. This direction and instruction ignored coding conventions and guidance, and internal feedback from Kaiser NCAL's Regional HIM, including Ms. Bryant and Ms. Hernandez who questioned whether this condition was truly systemic. This improper TPMG direction was eventually migrated to Kaiser's other regions as a "best practice," and implemented in each of those regions by the other Kaiser Permanente Medical Groups.

96. Kaiser's NCAL Regional HIM, led by Ms. Bryant, remained uncomfortable with the TPMG instruction on AA. Ms. Bryant had numerous conversations with individuals within TPMG and others within Kaiser regarding her and her colleagues' concerns, and submitted a written inquiry to AHA Coding Clinic as to whether the diagnosis of AA is properly considered a chronic, systemic condition (similar to hypertension and diabetes mellitus) that is codeable on a routine basis even in the absence of treatment, management, and/or monitoring. The guidance received from AHA Coding Clinic subsequently rejected NCAL TPMG's clinical determination. But TPMG management exerted intimidation, pressure and other undermining techniques to silence Ms. Bryant and her Regional HIM staff.

97. To provide "documentation" that would constitute evidence of the clinical significance of AA and meet the Official Coding and Reporting Guidelines, Kaiser's NCAL TPMG region developed a "SMARTPHRASE" to automatically populate the medical record when AA was observed and/or diagnosed in radiology and imaging reports that would routinely, automatically, and falsely state that the diagnosis was significant, not incidental, and would require clinical follow-up, often through the use of "addenda" added to the medical record long after the medical visit. This process was implemented so that the hospital coding staff would assign the ICD-9-CM code for AA, and the HCC for AA would be captured.

98. Ms. Bryant continued to bring her concerns to Kaiser's National Compliance Ethics & Integrity Office ("National Compliance Office" or "NCO") and finally, in August 2015, Kaiser NCO announced that a Kaiser Permanente ("KP") clinical review overruled NCAL TPMG's clinical determination that AA is a chronic, systemic condition that should always be coded. But three years had passed and hundreds of thousands of inaccurate, false codes entered before that belated direction was issued. There was no discussion of or action plan developed to address the inaccuracies of the past with the AA diagnosis and HCC capture.

99. Kaiser coded data reports from 2010-2016 shows that the increased AA diagnosis-capture scheme worked – AA diagnoses and coding increased four- and five-fold across all Kaiser regions over that period.

3. Chronology and evidence

100. In late 2011, members of Kaiser's National Compliance Office and NCAL Revenue Cycle teams for The Kaiser Foundation Health Plan and Hospitals ("NCAL KFHP") focused attention on the accurate coding of AA as a result of internal inquiries and requests for guidance. After an exchange of emails, members of these teams, including Ms. Bryant and Ms. Hernandez, drafted and published a memo to all Regional HIM Directors and hospital Coding Staff in March 2012 outlining the correct coding convention for AA. *See* Exhibit 2. The memo correctly stated that AA should not be coded except under certain limited conditions (see above).

101. TPMG Director Anne Cadwell, NCAL Revenue Cycle VP David Nyburg, and TPMG Physician Liaison Dr. David Bliss reacted unfavorably to this memo immediately. In calls with Ms. Bryant, they took the position that AA "is always significant and a risk factor so thus they will teach the MDs to document that so it will be coded." *See* Exhibit 3**.** Ms. Bryant noted that she was "troubled" by this approach in an email to Janet Franklin, Kaiser's Senior Compliance Practice Leader in its National Compliance Office. *Id.* Ms. Hernandez and other HIM coding leaders shared Ms. Bryant's concern. No definitive guidance was provided nor action taken by Kaiser's National Compliance Office.

102. In 2012, TPMG trained its doctors to document AA as if it were always significant, and KFH hospital coding staff to always code AA, as directed by Dr. Bliss and other TPMG Directors (*e.g.*, Anne Cadwell, Karen Graham, and Erica Eastham). In a December 3, 2012 email, TPMG's Ms. Cadwell wrote to Ms. Bryant and Ms. Hernandez that she was concerned that Kaiser Hospital coding staff was not getting the communication about AA: "We need to get everyone on the same page that AA is **not** an incidental finding from a clinical perspective." *See* Exhibit 4 (emphasis in original). Ms. Bryant and Ms. Hernandez felt that they were being strongly pressured to violate coding guidelines and to participate in manipulating documentation and codes.

103. During a December 12, 2012 WebEx/call with TPMG, TPMG Director Ms. Cadwell told NCAL HIM Leadership that the NCAL region would develop and implement a "SMARTPHRASE" for its doctors to add to, or "addend," the patients' electronic files (*e.g.*, in their

EPIC electronic health records, called "KP Health Connect") whenever AA was found on a radiology report in order to indicate its significance, even months after the encounter. It was requested that NCAL HIM leadership approve this documentation so that AA would be "always coded" for all risk-based payers, including both the MA program and the ACA program *See* Exhibit 5 (WebEx meeting invitation).

104. The "SMARTPHRASE" developed by TPMG in Kaiser's NCAL region stated as follows: "Aortic Atherosclerosis noted on review of the radiology exam associated with chart review and this visit. Will follow longitudinally as an independent risk factor for CVD and CVA, with management per standard risk factor controls over time by PCP or appropriate specialist." *See* Exhibit 6 at REL0000061. This phrasing was developed in an attempt to satisfy the numerous concerns raised by NCAL HIM Leadership (*i.e.*, Ms. Bryant and Ms. Hernandez) that documentation of AA was required, including language of clinical significance, to pass audit and/or coding compliance testing. But it was clinically false and misleading. AA can be clinically insignificant and incidental and should not always be coded, but Kaiser was training its physicians to always document the clinical significance of the findings so as to cause coders to always code it without question. In December 2012, NCAL HIM was still waiting for Kaiser's National Compliance Office to provide definitive guidance. In the meantime, Ms. Bryant and Ms. Hernandez made repeated but futile attempts to help TPMG leadership understand the compliant and appropriate documentation for the coding of AA.

105. By January 2013, Dr. Bliss, TPMG Director Ms. Cadwell and other senior management had fully overridden the coding memo issued in March 2012 by NCAL HIM Leadership. Summarizing Kaiser NCAL's new directive for coding AA in the hospital setting, Ms. Bryant emailed Kaiser's National Compliance personnel, including Ms. Franklin, as follows (copying Ms. Hernandez) to alert NCO as to the new direction in the NCAL region: "TPMG takes the position that once AA is present it never goes away and is then a lifelong risk factor …. We (NCAL) do believe that AA meets the criteria to be reportable and does impact care and decision making. To go further with this discussion I believe needs individual with greater clinical

knowledge like physicians and would invite TPMG *i.e.* Dr. David Bliss) [sic] to discuss this further." *See* Exhibit 7. Kaiser's National Compliance Office did nothing to stop this new direction.

106. In fact, Ms. Bryant was required to be "supportive," "collaborative," and a "partner" with TPMG's direction for capturing the AA HCC by putting together an educational power point presentation with Dr. Bliss titled "Documentation and Coding Aortic Atherosclerosis Clarification," which they presented during a January 2013 WebEx conference call for NCAL Regional hospital coding staff and Clinical Documentation Integrity Staff (CDI). *See* Exhibit 8**.** The presentation identified AA as an "Area of significant missed opportunity."[4] *Id.* at REL0000069. The presentation adopted TPMG's and Dr. Bliss' position that AA is a "systemic disease" that should always be diagnosed, documented, and coded when identified in a radiology report, and should be added to Kaiser's "Always Code" List (which is a Kaiser National Compliance Office document).

107. Similar presentations were made throughout 2013, 2014 and 2015 to various Kaiser regional leadership audiences. TPMG's AA directive and Smartphrase were migrated to Kaiser's other regions and adopted by Kaiser's other Permanente Medical Groups. For example, at Kaiser's Regional Reporting Group ("RRG") meetings, Kaiser regional leaders overseeing its Medicare Advantage programs presented on opportunities and techniques to capture high-yield HCCs, including AA, emulating NCAL TPMG. *See* Exhibit 10 at REL0000137. Similarly, Kaiser NCAL's Revenue Cycle Clinical Documentation Integrity/Improvement ("CDI") included vascular disease (including AA) as an HCC target, and an opportunity to query physicians based on radiology and imaging findings. *See* Exhibit 11 at REL0000179-80.

108. On behalf of NCAL HIM Regional Leadership, Ms. Bryant remained deeply concerned and continued to pursue direction and guidance from Janet Franklin of Kaiser's National Compliance Office, but received none. Moreover, Ms. Bryant and NCAL HIM Regional Leadership, including Ms. Hernandez, continued to question the new direction taken by TPMG

[4] Two years earlier, in a September 2011 power point presentation entitled "Documentation and Coding Leads Meeting," TPMG used the same phrase for capturing AA – "Area of significant missed opportunity" – establishing that capturing the diagnosis had been a long-term focus in the Kaiser NCAL region. *See* Exhibit 9 at REL0000107.

leadership regarding AA diagnosis and coding. Due to her continued concern, Ms. Bryant went so far as to submit a question to AHA Coding Clinic, the recognized authority on ICD-9 and ICD-10 coding, on the issue in December 2012. *See* Exhibit 12**.**

109. Kaiser drafted queries to Coding Clinic at least two other times regarding the proper coding of AA (*see* Exhibit 13): In May 2013, Kaiser queried Coding Clinic regarding the status of AA as "a chronic systemic condition." *Id.* at REL0000189. In its May 16, 2013 response, Coding Clinic stated that if the impact of AA were unclear, the physician should be queried. *Id.* Over a year later, in approximately November 2014, Kaiser NCO's Janet D. Franklin, with the assistance of Ms. Bryant, drafted a detailed follow-up question to AHA Coding Clinic: Would AA "be considered a systemic condition that can be coded even in the absence of active intervention in the same way that other systemic diagnoses noted in Coding Clinic (*e.g.* COPD, CHF, Diabetes, Parkinson's Disease, hypertension) may be coded without additional documentation of evaluation, treatment, consideration, etc."? *Id.* at REL0000186-87. Ms. Franklin noted in the attached exhibit that her draft was subject to review by Dr. Simon Cohn, Kaiser's physician lead for The Medical Group Federation and RRG, and other Kaiser staff. Ms. Bryant was later told by Nancy Anderson of Kaiser's NCO group that the question was never submitted to AHA Coding Clinic based upon a decision by Kaiser leadership, yet another Kaiser decision that caused Ms. Bryant and Ms. Hernandez significant concern.

110. In the meantime, while the Permanente Medical Groups in Kaiser's other regions were following TPMG's practice to always document and code AA, Kaiser's National Compliance Office was taking its time deciding whether that direction was proper. On July 23, 2014, TPMG approached Ms. Bryant and Ms. Hernandez to meet to discuss viewpoints regarding AA capture for Kaiser's National Compliance office. *See* Exhibit 14 (calling the long-delayed meeting "a high priority and time critical").

111. On July 31, 2014, a presentation was given to Kaiser's Coding Governance Group (CGG), which represents all Kaiser Regions, on the topic of AA capture for coding, taking

the position that AA should be added to Kaiser's "Always Code List" as a chronic, systemic condition. *See* Exhibit 15 at REL0000220.

112. In 2015, Dr. Simon Cohn, the physician lead for Kaiser's Medical Group Foundation and RRG, requested that Ms. Bryant meet with him face-to-face, but did not provide the topic of the discussion in advance. During the meeting in Dr. Cohn's office, Dr. Cohn asked Ms. Bryant to summarize the events surrounding AA HCC capture at Kaiser, including the TPMG guidance and direction of Dr. Bliss and others, which she did. Dr. Cohn told Ms. Bryant that this issue was being further reviewed by the medical groups. Ms. Bryant told Dr. Cohn that it was not her place to question the clinical and medical interpretations of Dr. Bliss, so she accepted his direction but felt compelled to go to NCO for further and final advice. In the meantime, the improper coding of AA continued throughout Kaiser, with Kaiser physicians being instructed, trained, and prompted to add the HCC diagnosis during or even months after patient encounters through addenda to the medical records.

113. *Finally*, on August 4, 2015, Kaiser's National Compliance Office and Medical Group Federation completed its "clinical review" of TPMG's AA directive, requiring that it be changed back to the way that Ms. Bryant, Ms. Hernandez and their colleagues in NCAL HIM stated it in 2011 and early 2012: "After having gone through clinical review, AA is not considered a systemic condition and will not appear on the final list of examples of systemic conditions. The clinician must do more than just list this condition. There must be documentation to show how it impacted the current encounter. It will be up to the region to decide if they want to query the provider about this condition when it is only listed. Without a query and additional documentation from the provider to show how it impacted the encounter, it cannot be coded." *See* Exhibit 16 at REL0000224. This information from NCO was shared with Kaiser Coding Leaders as well so that they would be informed and comply with the directive.

4. Impact of Kaiser's HCC AA "missed opportunity" directive

114. Kaiser's internal data establishes that its efforts to mine for AA succeeded in capturing and submitting an enormous increase of AA codes to Medicare, beginning with fewer

than 600,000 AA codes captured and submitted in 2010 and culminating in over three million submitted in 2015 to the MA program. AA Dx ("Diagnosis") Frequency Report 2010-2016 (Source: Kaiser internal data aggregated by Ms. Bryant) *see* Exhibit 17 at REL0000226. Medicare claims for HCC 108 (Vascular Disease), the classification that includes AA diagnoses, were among the highest in number and revenue for Kaiser during 2014-2016. *See* Exhibit 18 at REL0000254. (Over 350,000 HCC 108 cases in 2014 submitted for almost $800 million in revenue).

115. In early 2016, Ms. Bryant discovered in the course of ICD-10-CM/PCS national coding quality monitoring and coding validation that Kaiser was still coding AA based upon it being a systemic condition, notwithstanding the August 2015 conclusion of Kaiser NCO rejecting AA as a "chronic, systemic condition." Ms. Bryant, who was at that time working in Kaiser's National Revenue Cycle group, shared this finding with Ms. Hernandez, who was also working for this group at the time. Both Ms. Bryant and Ms. Hernandez were disturbed and troubled. Ms. Bryant brought the AA findings to the attention of Janet D. Franklin and Nancy Anderson of Kaiser NCO. Ms. Bryant requested that the appropriate coding guidance be posted in the National Coding Bulletin Board for all Kaiser Regions to see. She also provided the appropriate coding advice on AA to regional HIM leaders during leadership forum meetings and requested that each region disseminate the guidance to all appropriate staff and stakeholders, including Kaiser's medical groups.

116. In 2016, after Kaiser had started to pull back the directive, there were still almost two million AA codes submitted to the MA program. Exhibit 17. In just the first four months of 2016, Kaiser reported to Medicare Advantage over 300,000 cases of vascular disease (HCC 108), which includes the AA diagnosis codes, accounting for almost $700 million. Exhibit 18. Many Kaiser members now have the diagnosis of AA assigned to their clinical profiles incorrectly, potentially impacting patients' future insurance coverage and profile.

117. Ms. Bryant's and Ms. Hernandez believe and therefore allege that Kaiser has never gone back to validate the accuracy of AA documentation and coding for years prior to 2016, and has never repaid, restated, or otherwise reimbursed amounts falsely obtained during this period

from over-diagnosing and over-coding AA. Moreover, they believe and therefore allege that there was no specific AA validation of documentation and coding or discussion regarding rebilling or resubmission of corrected claims or data. Indeed, shortly before her retirement from Kaiser in October 2017, Ms. Bryant was asked by NCO's Nancy Andersen to join a coding workgroup to look at AA, as the Kaiser Medical Groups wanted to revisit the issue, *yet again*, of whether the condition is "systemic." Thus, Kaiser continued its efforts to avoid "missed opportunities" with this false documentation and coding.

B. Mechanical Ventilation Dependence Status ("Vent Dependence")

1. Clinical significance, documentation and coding convention

118. The HCC for "dependence on respirator status" is HCC 82 and HHS-HCC 125 (linked with ICD-9-CM code V46.11 (Dependence on respirator, status) and ICD-10-CM code Z99.11 (Dependence on respiratory ventilator status)). Dependence on respirator (or ventilator) status is a "status code" that is used when a patient requires long-term, continued ventilator support to breathe beyond the acute care phase. The status code is/was reported for both Medicare Advantage HCCs and HHS-HCCs (*e.g.*, under the Affordable Care Act). In 2016, Kaiser received approximately $11,497 for each HCC 82 under the MA program.

119. On February 7, 2014, Coding Clinic stated in a specific response to Kaiser's inquiry – an inquiry initiated by Ms. Bryant with Ms. Hernandez's input – that "this code should be reported when the patient requires continued ventilator support for an unexpected period of time and not for the short-term acute phase of a condition." Coding Clinic further stated that "there is no time frame set on what constitutes ventilator dependency." *See* Exhibit 19.

120. In short, the HCC for vent dependence status should never be coded, and "respirator dependence," "ventilator dependence," "vent status," or similar terminology should never be documented in the medical record, if a patient is weaned from a ventilator during or at the end of an acute short-term stay in the hospital (of whatever length) and discharged home or to a post-acute-care facility without clinically requiring vent support. That does not constitute "vent dependence

status." Rather, a patient is vent dependent only if the patient relies on the ventilation to live on a long-term basis *and not for the short-term acute phase of a condition.*

2. Kaiser's scheme originated with ACA newborns

121. Kaiser's directives on vent dependence documentation and coding differ region by region, but were all similarly invalid, with regions establishing a "time frame"-based criteria for documenting vent dependence status after which the specific code assignment is permitted. For example, TPMG, the medical group in Kaiser's NCAL region, initially defined the time period as 12 hours or more but later changed it to 30 days or more on a ventilator before the status condition should be documented and then coded irrespective of discharge status or disposition. Kaiser's Southern California PMG only required 21 days as its time-frame criteria for documenting and coding this status.

122. These directives contravened AHA Coding Clinic's caution that there is no "set time frame" and that vent dependence should not be reported for the short-term acute phase of a condition. Kaiser, especially its Permanente Medical Groups, consciously ignored Coding Clinic's response, instead criticizing and rejecting Ms. Bryant's professional coding decision to seek input from Coding Clinic in the first place, which led to Ms. Bryant being excluded from further coding discussions on this topic and others. By elevating set time periods over actual long-term dependence, Kaiser manipulated the system to over-document and over-code for vent dependence status. Any patient that is on a ventilator for a set period of time was assigned the status code by Kaiser, even if the patient's reliance is neither long-term nor continuous but instead arises from the acute phase of a condition or following a procedure.

123. Moreover, Kaiser ignored its own improper directives by coding for vent dependence status even when patients were on vents for just a few days, then discharged without the vent. Kaiser data shows high volumes of patients being coded for vent dependence status even after being discharged from the acute care hospital without a ventilator, and even for lengths of stay as short as one or two days across four of Kaiser's hospital regions, and in the outpatient physician office/clinic setting after discharge. As demonstrated below, Kaiser's over-documentation and over-

coding of vent dependence began in the newborn population receiving care under Kaiser's ACA plans.

3. Chronology and evidence

(a) October/November 2013

124. Ms. Hernandez and Ms. Bryant were first made aware of Kaiser's vent dependence status documentation and coding practices in the context of newborns that are placed on ventilators temporarily in Kaiser Foundation Hospitals before being discharged home. This came about due to the patient population impacting the Affordable Care Act, and questions were raised internally by Regional NCAL HIM leadership (Ms. Bryant, Ms. Hernandez and Dawna Toews) about whether V46.11 (vent dependence status) was appropriate in this circumstance. Ms. Bryant, Ms. Hernandez and Ms. Toews were extremely concerned with the direction that TPMG wanted to take with the V46.11 status code. The three of them discussed the situation and agreed that the status code should be infrequently assigned and coded; given the high number of such codes at Kaiser, it thus appeared that TPMG was focusing on capturing this status code inappropriately.

125. In a series of meetings and emails, chronicled contemporaneously by Ms. Hernandez (*see* Exhibit 20**)**, Ms. Hernandez and Ms. Bryant investigated Kaiser's existing documentation and coding practices, researched the proper coding convention, reached out to external clinical and coding experts and, on November 21, 2013, submitted email queries to AHA's Nelly Leon-Chisen, Director and Editor of Coding Clinic, and a separate email to Sue Bowman, American Health Information Management Association ("AHIMA") Senior Director of Coding Policy and Compliance. ("AHIMA," like AHA's Coding Clinic, is a neutral organization that can be queried for guidance by coding professionals.)

126. On November 22, 2013, AHIMA's Ms. Bowman responded by email as follows: "V46.11 is intended for 'dependence' on a ventilator – meaning long-term dependence (such as patients with spinal cord injuries or progressive neuromuscular diseases such as multiple sclerosis) – not for short-term use of a ventilator during an acute illness, following surgery, etc. So it seems unlikely that a newborn would be declared ventilator-dependent". *Id.* at REL0000262.

127. On November 25, 2013, Kaiser's NCAL HIM's Regional Coding Review Managers met onsite. All agreed that the vent dependence status code would not be appropriate for newborn initial clinic visits, follow-up clinic visits, or hospital short-term acute care visits, nor if the newborn was weaned and discharged home without ventilation. They concluded and insisted that Kaiser's hospital coding staff should follow and be compliant with official coding guidelines for the assignment of a respiratory/vent status code.

(b) December 2013

128. During a follow-up phone conference on December 3, 2013 attended by Ms. Hernandez and members of TPMG's Encounter Information Operations group ("EIO," a TPMG group that specifically focused on the Medicare Advantage and ACA programs and was led at the time by Director Anne Cadwell), the above coding guidance conclusion was rejected over Ms. Hernandez's objection and notwithstanding the references provided, including that Ms. Bryant had submitted an inquiry to AHA Coding Clinic. TPMG stated that it would move forward with capturing vent dependence status if a hospital newborn was placed on ventilation for at least 12 continuous hours, even if the newborn was successfully weaned from the respirator/ventilator and discharged without a respirator/ventilator.

129. The December 3 directive was followed by a call to Ms. Hernandez on December 4, 2013 from TPMG Director Ms. Cadwell and Dr. Bliss, who focused not on Kaiser's invalid coding of vent dependence or references provided, but on why Coding Clinic was queried by Ms. Bryant in the first place. Ms. Hernandez was required to provide Ms. Bryant's cell phone number so that the TPMG EIO Directors could immediately contact Ms. Bryant once they learned that she was the one who submitted the Coding Clinic query. Dr. Bliss and Ms. Cadwell called Ms. Bryant to rebuke and chastise her for submitting a query to Coding Clinic without notifying TPMG. Both Ms. Hernandez and Ms. Bryant were in Dr. Bliss' "line of fire," and were very distressed. *See* Exhibit 21.

130. Ms. Hernandez and Ms. Bryant were told not to inquire outside Kaiser anymore on such issues without input and approval from Kaiser's Coding Governance Group

(CGG). They were warned that outside inquiry would create risk for Kaiser. Once again, pressure and criticism were directed at Ms. Bryant and Ms. Hernandez for not agreeing to TPMG's approach to capturing this diagnosis.

131. On December 8, 2013, Ms. Hernandez was further instructed by TPMG Clinical Documentation Improvement ("CDI") Physician Director Dr. Shirley Cachola, to "use 'respirator dependence' for patients with tracheal intubation until the specifics are clarified by the coding clinic …. Not sure this meets compliance since it is not defined but this is how med. group wishes to proceed for now." Exhibit 22 at REL0000273. Ms. Bryant and Ms. Hernandez believed this instruction to be clear error and unethical, a sentiment echoed by their colleague in the Regional HIM group, Dawna Toews, who questioned how the company could proceed "when it is clearly out of compliance…. I am not inclined to continue working for a company that blatantly ignores guidelines I have promised to follow, and that put me in jeopardy of losing my professional licensing." *Id.* at REL0000269.

132. Ms. Bryant was directed by TPMG to quickly follow-up on the pending response from Coding Clinic on the newborn-specific issue of vent dependence coding. On December 6, 2013, Coding Clinic's Senior Coding Consultant Anita Rapier wrote via email to Ms. Bryant that "code V46.11 (respirator dependence status) is used to describe patients who have been dependent on mechanical ventilation over a period of time. It is not used for newborns who are placed on a vent for a short period." Exhibit 20 at REL0000267.

133. Ms. Bryant sent a follow-up email to Anita Rapier as follows: "Thus if a newborn was placed on a vent for 12 or even 20 hours and then at discharge is NO longer on the vent, we would not assign the V46.11 status code to that discharge/stay." AHA Coding Clinic's Senior Coding Consultant Ms. Rapier responded immediately: "Yes, that is my interpretation." *Id.* at REL0000266. Thus, Coding Clinic corroborated AHIMA's response and Ms. Bryant's and Ms. Hernandez's original conclusion. Coding Clinic's more formal February 7, 2014 response letter to Ms. Bryant, quoted above, confirmed its guidance. *See* Exhibit 19.

134. Contemporaneously, Ms. Bryant and Ms. Hernandez continued to have deep concern and investigated Kaiser's coding practices for vent dependence status both inside and outside of the newborn care context, including for patients in the Medicare Advantage program and the ACA program. They quickly confirmed that they were similar. TPMG in Kaiser's NCAL region required its CDI Physician Director Dr. Cachola, CDI Managers, Susan Ingerbretsen and Donna McIvor (under Dr. Bliss' leadership) to create an acceptable timeline for the capture of vent status code. In Diagnostic Guidelines published in November 2013, TPMG CDI established a "greater than 30 day" rule for vent dependence status: that is, if a patient is receiving respiratory support through intubation for more than 30 days, then vent dependence status should be documented and the code should be assigned, even if the patient is successfully weaned and discharged without a ventilator. Exhibit 23 (TPMG Neonatal Intensive Care Unit Diagnostic Guidelines), at REL0001005.

135. Similarly, in Kaiser's SCAL region, SCPMG's regional CDI program established a 21-day duration of care to constitute vent dependence. Exhibit 24 (HIX Neonatology Documentation and Coding 2014), at REL0001040.

136. The RRG meetings that Ms. Bryant attended often included the capture of specific HCCs in both the Medicare Advantage and ACA programs, and ventilation status was included on numerous occasions. Kaiser promoted the documentation and capture of the respirator/ventilator dependence code in education sessions and materials to Kaiser physicians throughout the Kaiser regions. In this way, Kaiser's improper practice for coding the ventilation status code was migrated systemically throughout the Kaiser regions and adopted by all of Kaiser's Permanente Medical Groups and Kaiser Foundation Hospitals and reported to the Medicare Advantage and ACA programs by all of the Kaiser Health Plans, notwithstanding the coding guidance from Coding Clinic and AHIMA.

4. Impact of Kaiser's vent dependence practices

137. Kaiser data compiled by Ms. Bryant through her national coding quality monitoring work establishes that the Vent Dependence status code is or was being captured

frequently by Kaiser. Medicare Advantage and HHS-HCC payer data specifically indicated a high volume of these codes, particularly in Kaiser's NCAL and SCAL regions. *See* Exhibit 25 and Exhibit 18.

138. The coding data includes a high volume of cases in which patients were successfully weaned from ventilation and routinely discharged home or to self-care, including after just a day or two in the hospital. *See id.*; Exhibit 26 (showing NCAL vent dependence cases). In a December 2013 validation audit, Ms. Hernandez and her NCAL audit team concluded that 100% of a sample of TPMG vent dependence cases were invalid. See Exhibit 27.

139. Data from all Kaiser Regions confirms that the vent dependence coding volume skyrocketed across Kaiser. *See* Exhibit 28 (Kaiser data gathered by Ms. Bryant for all payors, including Medicare Advantage and ACA programs). *See also* Exhibit 18 (includes vent dependence (HCC 82) data submitted by Kaiser to the Medicare Advantage program from January, 2014 through April, 2016).

140. Kaiser cannot articulate or produce any clinical research, standards or evidence-based medical justification for coding vent dependence status once a patient has been ventilated and removed after a set number of days; for coding vent dependence status even when ventilation is used for far fewer days than the purported thresholds; or for setting different policies for determining ventilation dependence status within the various Kaiser regions.

141. Ms. Bryant and Ms. Hernandez further believe and therefore allege that Kaiser's proprietary, diagnoses electronic "pick list" was being utilized by Kaiser in all of its regions to easily and falsely capture this inaccurate status code in all clinical settings, across all Kaiser regions. Moreover, they believe and therefore allege that no Kaiser Health Plan went back to validate the coding to identify incorrect codes, and has never repaid, restated, or otherwise reimbursed amounts falsely obtained during this period from over-diagnosing and over-coding vent dependence status. To their knowledge, there has been no validation or discussion for rebilling or resubmission of corrected claims or data.

C. Malnutrition

142. Ms. Bryant and Ms. Hernandez also believe and therefore allege that Kaiser systematically over-documented and coded protein-calorie malnutrition (ICD-9-CM codes 260-263.9 and ICD-10-CM codes E43 – E46), which also falls within an HCC category under both the MA and ACA programs (MA HCC 21 and HHS-HCC 23). There are specific codes to identify mild, moderate and severe Protein Calorie Malnutrition ("PCM").

143. Kaiser's CDI querying activities improperly led physicians to diagnose protein-calorie malnutrition, including the use of "SMARTPHRASE" acknowledgments of dietician diagnoses of PCM with a co-signature of dietary notes for all risk-based payers, including both the MA program and the ACA program. TPMG CDI targeted protein-calorie malnutrition HCC as one of the top risk-adjustment opportunities. Ms. Hernandez witnessed several instances of this in October and November 2012, which she discussed with Ms. Bryant, Kaiser's Coding Review Manager, and Kaiser's NCO coding group, including Janet D. Franklin and Nancy Andersen. There was general agreement among this group that leading queries are not appropriate, and that the co-signature of a physician on dietary notes is not sufficient documentation for a PCM diagnosis. Ms. Hernandez also addressed the issue with TPMG CDI's Quality Assurance manager in the hope that it would be communicated to the CDI management team. Nevertheless, to Ms. Hernandez's knowledge, the leading queries were not discontinued nor were the documentation requirements changed.

144. Ms. Bryant is aware of another concern regarding protein-calorie malnutrition documentation and coding in Kaiser's Northwest Region relating specifically to the Kaiser's ACA program in that region. The Northwest Permanente Medical Groups' HIM Coding Manager, Sharon Beausoleil, emailed Ms. Bryant in late 2014 regarding concerns about documentation and coding of protein-calorie malnutrition on HHS-HCC's for newborns. In particular, she was concerned with the query language being utilized by the CDI staff in the NW Region, which appeared to not be supported by clinical indicators and to be leading.

145. Ms. Beausoleil provided Ms. Bryant with a short list of inpatient medical record accounts which Ms. Bryant asked one of her staff, Ms. Sherry Davis, to review to validate the protein-calorie malnutrition documentation and coding. Ms. Davis identified in her review that there was no supporting documentation or clinical indicators for a newborn malnutrition diagnosis for these records. Ms. Bryant reviewed the findings with Ms. Davis and concurred. Ms. Bryant and Ms. Davis prepared a written summary of their findings which they shared with Ms. Beausoleil via webex in March 2015. *See* Exhibit 34.

146. Shortly thereafter, Ms. Beausoleil spoke with Ms. Bryant and cautioned her that Dr. Annette Guido, Northwest Permanente Medical Group's Medical Director, was questioning Ms. Bryant's authority to audit the region's medical records, notwithstanding Ms. Bryant's position with Kaiser's National Revenue Cycle group. In addition, Ms. Beausoleil called after work hours and told Ms. Bryant that she (Ms. Beausoleil) was told "not to contact" her (Ms. Bryant) regarding documentation issues, and Ms. Beausoleil stated that Ms. Bryant should be very careful and "should watch her back." Ms. Bryant was gravely concerned with and deeply troubled by these warnings and with the barrier placed on her pursuing the issue further.

147. These issues continued at Kaiser long after these interactions. In late 2016, Kaiser's TPMG CDI Director Emily Emmons contacted Ms. Bryant about a possible compliance issue regarding PCM diagnosis, documentation, and coding. *See* Exhibit 35. Ms. Emmons was concerned with dietary documentation of PCM wherein physicians appeared to be queried in a leading manner. After discussing and reviewing the documentation examples, Ms. Bryant agreed that they appeared to be leading in order to obtain a diagnosis of severe or moderate malnutrition. Ms. Bryant requested that Ms. Emmons set up a conference call with the Regional Dietary Lead and Regional Compliance. There were several emails and conference calls held on the topic which included Dietary, Regional Compliance, Regional CDI and Ms. Bryant which continued into mid-2017. *Id.*

148. Moderate and Severe PCM in hospital inpatient records at Kaiser Foundation Hospitals were a focus of Kaiser's dietary staff once the patient met some specific clinical criteria.

The query language being used was directing the physicians to choose either moderate or severe PCM, the high-paying diagnoses, and no other. Ms. Bryant and Ms. Emmons advised that to be compliant, the query language should be revised to include other options such as mild, other, unspecified, clinically undetermined, etc. It was agreed by Ms. Emmons, the Dietary Lead (Jan Villarente, Regional Director), Regional Compliance (Svitlana Ozhyndovsky) and Ms. Bryant that Kaiser's dietary leadership across all Kaiser regions should make changes to the query language to address the compliance concerns. Ms. Bryant believes and therefore alleges, however, that use of the leading query language had been ongoing for a year or more before it was identified and changed, and has no knowledge of corrective actions taken by the NCAL Region or any other Kaiser region on prior medical records for all risk-based payers, including both the MA program and the ACA program.

149. Kaiser data compiled by Ms. Bryant through her national coding quality monitoring work establishes that malnutrition continued to have a high frequency of being coded in Kaiser's MA and ACA populations. Ms. Bryant and Ms. Hernandez believe and therefore allege that no Kaiser Health Plan conducted a validation of the diagnosis of protein-calorie malnutrition, and never repaid, restated, or otherwise reimbursed amounts falsely obtained during this period from over-diagnosing and over-coding protein-calorie malnutrition. Moreover, they believe and therefore allege that there was no documentation and coding validation or discussion regarding rebilling or resubmission of corrected claims or data.

D. Other Over-Coded and Up-Coded Diagnoses

150. **Arrhythmia for members with pacemakers.** Near the end of her employment with Kaiser, Ms. Bryant was informed and believes, and therefore alleges, that at least Kaiser's NCAL and Colorado regions (TPMG and the Colorado PMG), and perhaps other Kaiser regions, were instructing doctors to diagnose and document so that Kaiser's coders would code heart arrhythmia for members even after the members receive pacemakers to correct their arrhythmia for all risk-based payers, including both the MA program and the ACA program. It would be atypical for a patient to have a pacemaker but to continue to suffer from arrhythmia, unless there is a rare

pacemaker complication. Yet Kaiser routinely and improperly reported both the pacemaker status code and the cardiac arrhythmia code (HCC 96 and HHS-HCC 142), adding thousands of dollars to the risk profile of each such member. In addition to cardiac arrhythmia, diagnoses for ventricular fibrillation and ventricular flutter (HCC 84 and HHS-HCC 142) were also overdocumented. In 2016, Kaiser received approximately $2,231 for each HCC 96 and approximately $2,489 for HCC 84 under the MA program.

151. Ms. Bryant was first made aware of the issue in 2014 with respect to Kaiser's Colorado PMG, but later (in the fall of 2017) was informed by Ms. Andersen of Kaiser NCO that it was also evident in Kaiser's NCAL region operated by TPMG. Ms. Bryant expressed her disagreement to physicians from the Washington and Northwest Medical Groups, who nevertheless insisted that the record should have both the pacemaker status and the arrhythmia code assigned.

152. **Major depression.** Ms. Bryant and Ms. Hernandez also witnessed Kaiser and its various regional subsidiaries aggressively pursue the diagnosis and coding of major depression (HCC 58 and HHS-HCC 88) for both the MA program and the ACA program. *See, e.g.,* Exhibit 10 at REL0000139 (June 16, 2015 RRG WebEx presentation highlighting major depressive disorder capture). Kaiser's laser focus on this valuable code (worth approximately $2,482 per code in 2016) led to over-coding and up-coding. In 2016, Kaiser received approximately $2,496 for each HCC 58 under the MA program. Moreover, Ms. Bryant is informed and believes that, in 2015, in at least Kaiser's SCAL region (SCPMG) and likely other Kaiser regions, Kaiser manipulated its electronic system for picking diagnoses to "gray out" the diagnosis of "major depression unspecified," which is not linked to an HCC, so that Kaiser doctors would not pick that diagnosis but would instead select a major depression diagnosis category that is linked to a high-paying HCC. Ms. Hernandez believes that this practice also took place within TPMG.

III. "THE KAISER WAY" IGNORES ESTABLISHED PROCEDURE, INCENTIVIZES GREED, AND CULTIVATES FRAUD

153. At every level and across regions, Kaiser is driven by a corporate culture that demands and rewards financial success from its employees. Kaiser's senior management pushes

relentlessly to increase Kaiser's revenue from risk adjustment. The risk adjustment practices described in this Complaint are attributable in large part to these demands and rewards. Ms. Bryant and Ms. Hernandez witnessed Kaiser's profit-seeking and financial-gaming culture corrode its compliance function over many years, leading to the frauds described herein on the government and its Medicare and ACA programs.

154. Kaiser knows that it faces less actual risk than the data it submits to the Government under the ACA program via EDGE suggests. Because Kaiser has inflated its supposed risk, it pays less into the Risk Adjustment Program than it should, or receives more than it should in years when it is a net recipient. Thus, other insurers (Kaiser's competitors) receive less than they should from the Risk Adjustment Program, or pay more than they should. When those other insurers are pricing their own plans, in turn, they have to charge higher premiums to account for their lower risk adjustment payments or receipts to or from the pool. These higher premiums are due to Kaiser's upcoding and manipulation, and have a direct impact on the public fisc when, as illustrated below, they cause an area's benchmark – and corresponding premium tax credit – to increase.

A. Kaiser's policies and procedures

155. Kaiser consistently publishes and enforces internal company policies and procedures that contravene coding and diagnostic principles that are widely accepted and enforced within the broader coding community. To avoid detection, Kaiser sometimes labels its instructional documents as "Program Advisories" rather than "policies" in order to circumvent the implications of imposing an improper requirement. But these Advisories are not optional and are enforced like any other policy and procedure within Kaiser.

156. Many of Kaiser's proprietary policies regarding diagnosing and coding are intentionally constructed to be less restrictive than the norm in furtherance of the company's emphasis on profit over compliance. These departures from accepted policy and procedure lead directly to improper documentation, coding and overbilling. Kaiser's Permanente Medical Groups and Kaiser's Medicare Finance Department initiate and lead this corporate culture, focusing on capturing higher reimbursement without any contravening focus on the avoidance of overbilling.

157. Kaiser's National Compliance Office is ineffective, apprehensive, and slow in investigating and responding to documentation and coding compliance issues. In addition, NCO coding leadership openly admitted to Ms. Hernandez that the Permanente Medical Groups have significant control over chart audit selection, accuracy rates, documentation guidance, coding policy and practices, all to manipulate the capture of more HCC codes and to increase government payer reimbursement. Instead of turning to NCO, the Permanente Medical Groups asked "Medical Group Regional Compliance" staff for advice about who can be manipulated easily within the region to get the desired result (*e.g.*, more HCC target capture). When NCO completes an internal audit that shows inaccurate or misleading documentation or coding, NCO is pressured and intimidated by the relevant Regional PMG to change the audit's accuracy results.

158. On a system-wide basis, Kaiser has been reluctant to perform historical code correction and billing submission when a problem or issue has been identified that should be rebilled. The culture at Kaiser perpetuates a superiority, manipulation, and intimidation by physician medical group leaders and medical group management, resulting in an inability to challenge or present a different perspective, even when backed by express, unambiguous coding guidelines, standards or HIM coding expertise, without being chastised, threatened and ridiculed.

1. Query templates

159. Coding professionals are permitted under AHIMA's Standards of Ethical Coding to query physicians/providers for clarification and additional documentation prior to code assignment when there is conflicting, incomplete, or ambiguous information in the health record regarding a significant reportable condition or procedure or other reportable data element dependent on health record documentation. Querying physicians/providers is also permitted after billing (*e.g.*, retrospectively) if performed in a timely manner.

160. But these Standards, as well as AHIMA's Guidelines for Achieving a Compliant Query Practice and AHIMA's Managing an Effective Query Process Practice Brief, forbid coding professionals and others (e.g., clinical staff, physicians, nursing staff, etc.) who query from "leading" providers to select a particular diagnosis. *See* Exhibit 29.

161. According to AHIMA's Managing an Effective Query Practice Brief, "Queries that appear to lead the provider to document a particular response could result in allegations of inappropriate upcoding. The query format should not sound presumptive, directing, prodding, probing, or as though the provider is being led to make an assumption." Exhibit 30 at REL0000511.

162. In *Health Information Management Compliance: A Model Program for Healthcare Organizations,* AHIMA's Sue Bowman writes that "Communication tools between coding personnel and physicians, such as coding summary sheets, attestation forms, or coding clarification forms (*e.g.*, physician query forms), should never be used as a substitute for appropriate physician documentation in the health record."

163. Nevertheless, some of the Kaiser regions developed sets of query "templates" for clinical documentation improvement (CDI) staff for specific HCC diagnoses to use in concurrent querying of providers that do just that. These improper query templates were used in at least Kaiser's NCAL hospital CDI and Northwest CDI, and perhaps others. There is a cultural reluctance within NCO to give direction and/or require the Kaiser Regions to utilize the Kaiser standard query form language for coding and CDI.

164. The hospital coding staff also utilizes templated physician queries, but these query templates are reviewed and constructed to ensure non-leading language for a variety of diagnoses, regardless of payer type or reimbursement impact. Most of the query reviews of language utilized were under the oversight of Ms. Bryant and guidance of Ms. Hernandez, always utilizing, communicating, and applying the AHIMA direction, guidance and practice briefs.

165. KP NCAL and Northwest CDI query templates developed by TPMG and the Northwest PMG, respectively, many of which involve diagnoses directly linked to HCCs under the Medicare Advantage program and HHS-HCCs under the Affordable Care Act, were designed to be, and are in fact, leading. Through the queries, CDI staff introduce clinical indicators for specific HCC diagnoses to the providers, who in turn routinely followed the suggestion to add a reimbursable diagnosis where none existed and should not have been added. In Kaiser's NCAL Region, the CDI

queries were not made an official permanent part of the record while HIM coding queries were, thus obscuring the role of CDI and improper querying from review.

166. Although the role of CDI staff is to seek clarification from providers for documentation for specific clinical indicators, there was inconsistent application of the Practice Brief Guidance at Kaiser. These queries were always, or almost always, directed toward an HCC diagnosis for maximizing reimbursement capture and not for overall quality documentation for all clinical situations, all payers, and all patients. In fact, Ms. Bryant recalls on several occasions a stated reluctance from Kaiser's Revenue Cycle leaders to look at documentation and coding both ways – *e.g.*, for both over- and under coding – on the basis that it is too costly and time consuming. Moreover, Kaiser's CDI program is not a "payer agnostic" approach. TPMG in Kaiser's NCAL Region, for example, limits its CDI focus to HCCs only under the MA and ACA programs and never expanded to examine severity of illness (SOI) and risk of mortality (ROM) to all patients and to all payers, notwithstanding Ms. Bryant's strong recommendations,

167. Examples of the leading query templates include Kaiser's templates for: obesity/extreme or morbid obesity; protein calorie malnutrition (mild/moderate/severe); pressure ulcer; neoplasm (history versus current); emphysema; depression; adrenal mass; aortic atherosclerosis; diabetes manifestations; neutropenia; sepsis/SIRS with organ dysfunction, and others. *See* Exhibit 31 (improper query templates from Kaiser's Northwest region, operated by the Northwest PMG); Exhibit 32 (TPMG CDI Tip Sheet).

168. Moreover, certain query templates in Kaiser's Northwest Region developed by the Northwest PMG include leading language introducing a diagnosis to the physician, and not including options of "unknown," "other," "clinically undetermined" or "unspecified." They contravene AHIMA's guidance on Achieving a Compliant Query Process, which states that "*Multiple choice query formats should include clinically significant and reasonable options as supported by clinical indicators in the health record, recognizing that there may be only one reasonable option….Multiple choice query formats should also include additional options such as 'clinically undetermined' and 'other' that would allow the provider to add free text. Additional*

options such as 'not clinically significant' and 'integral to' may be included on the query form if appropriate."

2. Inquiries to AHA Coding Clinic

169. As discussed above in the Vent Dependence Status section, Kaiser chastised and reprimanded Ms. Bryant, Ms. Hernandez and other HIM coding professionals for submitting coding questions directly to the American Hospital Association Central Office for Coding Clinic, a routine and standard of practice for coding professionals across the country. Ultimately, Kaiser instituted and mandated requirements for all AHA Coding Clinic questions, routing them through a rigorous review committee comprised primarily of non-coding professionals and many layers of approval process before submission.

170. Ms. Bryant was directed that any and all coding questions must go through Kaiser's own Coding Governance Group ("CGG"), a group that was and is composed of a majority of physicians and representatives from Kaiser's Permanente Medical Groups rather than coding professionals. In December 2013, Ms. Bryant was told by Kaiser TPMG's senior physician lead Dr. Bliss that she was "putting the organization at risk" by submitting questions directly to Coding Clinic, a sentiment echoed by TPMG Director Anne Cadwell on a call that also included many regional physicians and Revenue Cycle leaders. Ms. Bryant's expertise, professional knowledge and career-long practice of submitting questions to Coding Clinic were thus called into question. Ms. Bryant commented to the group that it was her duty and responsibility as a coding professional, and a standard of practice, to submit questions for coding clarification to AHA Coding Clinic without a committee review.

171. Ms. Bryant expressed concern on the December 2013 call that this internal group lacked coding expertise, and inserted a layer of bureaucracy in an area where Kaiser's National Coding group (led by Ms. Bryant) should have independence and the ability to send unattributed questions to Coding Clinic. Her protests and professional rationale were ignored.

172. Ms. Bryant reported back to Kaiser's NCAL HIM leadership, including Ms. Hernandez and Dawna Toews, regarding this new directive. Her staff was appalled with the

outcome of the meeting and felt that their credentials were at risk due to being prohibited from following ethical coding practices to seek and comply with official coding guidelines. *See* Exhibit 22. Under extreme pressure, Ms. Bryant reluctantly complied with the CGG request and worked with NCO's Nancy Andersen to develop a coding questions workflow over the coming years (started in 2014 and finalized in 2015, still under revision in 2017).

173. The internal coding question workflow for submitting coding questions to Coding Clinic was discussed during a March/April 2015 conference call/meeting involving NCO's Diana Medal, Nancy Andersen, Ms. Bryant and Ms. Hernandez. The group specifically discussed the restrictive and controlling nature of the CGG directive and how the physician members of the CGG were extremely apprehensive of Ms. Bryant sending questions to Coding Clinic due to their concern that Coding Clinic's response might force Kaiser to change its HCC documentation and HCC capture practices.

174. NCO's Nancy Andersen mentioned that the CGG physician leader, Dr. Annette Guido, was behind the restriction that had been imposed and that she (Ms. Andersen) did not entirely agree with it, but that the physicians' directive had to be followed. Ms. Bryant stated her concerns with the CGG being composed mostly of physicians and not coding experts, a point with which Ms. Andersen agreed. On the same call, Ms. Hernandez discussed her concern that TPMG had been focusing on HCCs and had restricted her in the past from collaborating outside TPMG EIO (*i.e.*, with Ms. Bryant, Ms. Anderson and NCO), much less submit a question to Coding Clinic, and felt that TPMG feared that the Coding Clinic response or guidance would derail its capture efforts of HCC diagnoses. Ms. Andersen stated that she understood but "we have no choice." She stated that it was difficult to get the medical groups and CGG to understand the need to query AHA Coding Clinic directly and freely.

175. When Ms. Hernandez requested a copy of the recording of the conference call several days later, Ms. Medal stated via email that it had been deleted per the instructions of Ms. Andersen. Ms. Bryant and Ms. Hernandez believe that the recording was deleted due to the

fact that many comments were made during the call, including by NCO leadership, that were highly critical of CGG's and TPMG's leadership and practices.

B. Kaiser's emphasis on financial outcomes

176. At every level of the company, Kaiser emphasizes financial results over compliance and accuracy, bending the rules and utilizing gaming strategies to falsely engineer profits.

1. CDI program and related activities.

177. In late 2009, Kaiser NCAL Revenue Cycle developed its "Clinical Documentation Improvement" program, which it called "Clinical Documentation Integrity" or "CDI," to ostensibly improve its clinical documentation of hospital inpatient medical encounters. This effort was followed by the SCAL and Northwest Regions in the hospital setting. In actuality, Kaiser's CDI programs strived only to improve clinical documentation insofar as it increases HCC capture and Medicare and HHS reimbursement.

178. AHIMA's guidance on CDI programs provides that they are required to address all payers, not just Medicare or other government programs. In addition, CDI programs should not focus solely on reimbursement. In furtherance of this guidance, the original NCAL CDI program initially developed by Ms. Bryant in 2009 was designed to achieve a payer-agnostic focus by the end of a three-year plan. But Kaiser's CDI program, in practice, diverged from Ms. Bryant's expertise and design and was definitively not "payer agnostic." It focused almost exclusively on risk-adjusted payers, such as HHS under the ACA program and CMS under the Medicare Advantage program, and only on documentation impacting HCCs.

179. Ms. Bryant made several requests to expand Kaiser's CDI program to other payers and not to focus solely on HCC reimbursement, but was not successful. In approximately late 2010, Kaiser NCAL Revenue Cycle Vice President Dave Nyburg moved the CDI Program from Ms. Bryant's oversight to his direct oversight. Ms. Bryant believes that this move was made due to ongoing TPMG discomfort with the direction she wanted to move the program and the pressure and resistance to Ms. Bryant's advice and guidance.

180. Moreover, in the past, Kaiser's CDI program conducted its concurrent documentation reviews by going into prior or old encounters and pulling diagnostic and clinical information to query physicians for the current encounter for HCC diagnosis capture. Again, this contravenes coding guidelines and AHIMA Standards of Ethical Coding under section 4.5: Coding professionals shall not "*Utilize health record documentation from or in other encounters to generate a provider query*." *See* Exhibit 29.

181. For example, Ms. Hernandez received multiple inquiries from CDI leadership and CDI nursing staff as to whether they may use old lab values, clinical indicators and documentation from previous encounters and apply these to send a query about a different, current encounter. Ms. Hernandez has repeatedly told CDI leadership staff that this is not appropriate. But the repeated nature of the inquiries gave rise to Ms. Hernandez's belief that the CDI program was routinely looking backwards; it was highly unlikely that the CDI leadership was getting to every instance and every CDI employee to provide Ms. Hernandez's guidance.

182. For many years, Kaiser's CDI program, especially in the NCAL region, consistently expressed the value of its work in terms of additional dollars captured, not in improved quality of care, patient safety, severity of illness, improved mortality scores, compliant documentation, or outcomes.

183. For example, in a July 2010 NCAL presentation "CDI Prioritization for Roll Out," Kaiser's NCAL CDI group analyzed the results of an internal audit of inpatient "HCC underpayment." The presentation quantified the impact of the HCC codes that had been "recaptured" in the audit in terms of how much additional revenue that meant for the company. The presentation did not mention compliance or identify any HCC overpayment. *See* Exhibit 33.

184. In a Kaiser NCAL "CDI Program: Update" presentation in December 2011, the company emphasized in its Key Findings that the program had generated year-to-date 2011 revenue of "$27.80 million." *See* Exhibit 11. The presentation even quantified the "Top CDI Queries" by HCC in terms of the "Revenue Impact" to the company. CDI Program Updates followed the same format and included these same metrics for many years.

2. Kaiser's RRG meetings and Regional Competitions for Revenue/HCC Capture.

185. In approximately 2008-2009, Kaiser formed Regional Reporting Group ("RRG"), comprised of senior personnel from the Health Plan, Permanente Medical Groups and Revenue Cycle of each region with the focus of Medicare Advantage Finance Risk Adjustment, and later risk adjustment under the ACA program as well. The RRG meetings were initially led by Dr. Simon Cohn until his retirement in 2015, after which the RRG was led by Dr. Annette Guido of Kaiser's Northwest Region, along with Hovannes Daniels, Kaiser's Medicare Finance VP under Kaiser's Health Plan.

186. The RRG met regularly to share regional "best practices" on how to capture more HCC conditions, diagnoses, and codes, and thus to increase Kaiser revenue. This was the top focus of these high-level meetings. Other topics discussed were risk scores and Risk-Adjustment Data Validation (RADV) audits, regulatory changes, comparing regions to each other, and reviewing financial and HCC targets.

187. "Best practices" often contained improper and inaccurate querying, documentation, and coding practices. Certain HCC conditions and diagnoses were specifically targeted at the RRG meetings for their financial impact and discussed and compared with the other regions. Ms. Bryant recalls a RRG meeting where a regional physician leader made a presentation which contained inaccurate documentation and coding information. Ms. Bryant took her concerns about the presentation to Janet D. Franklin of Kaiser's NCO. Ms. Franklin agreed that Ms. Bryant was correct but said that that they could not say anything here at the RRG meeting in front of the Permanente Medical Groups. Ms. Bryant told Janet Franklin that she was concerned with that approach in that there was a large audience in many regions who would think that the presentation had correct information. Ms. Franklin agreed, but said that there was nothing that could be done.

188. Kaiser's various regions, including especially its NCAL (TPMG) and Southern California regions (SCPMG), competed with each other on which region managed to capture the highest number of HCCs and improved risk scores. Monthly or Bi-monthly WebEx

meetings and report outs were generated showing the results of the risk-adjustment metrics, as well as goals and targets for regional HCC capture over the next period. In addition, the regions competed in the third and fourth fiscal quarters each year as to their metrics on capturing chronic conditions and HCCs, and improving scores and revenue, metrics which were also discussed and presented at RGG meetings.

3. Employee and management bonuses.

189. Ms. Bryant and Ms. Hernandez believe and therefore allege that Kaiser's NCAL region, including TPMG, gave bonuses to employees and leadership near year-end that were tied to the overall financial goals and success of the Kaiser region. They therefore believe and allege from their experience working in TPMG that bonuses were related, directly or indirectly, to HCC and revenue capture.

4. Kaiser's regional medical groups dominate over Kaiser's compliance function.

190. In June 2013, Nancy Andersen, Kaiser's National Compliance manager, told Ms. Hernandez that the regional Permanente Medical Groups choose what and how to be audited. She told Ms. Hernandez that "she knows where the bodies are buried," but that the National Compliance Office has no power over the Permanente Medical Groups. This is exactly the opposite of how the compliance function should operate in a compliant organization. In 2016, Ms. Andersen confirmed to Ms. Bryant that Kaiser's Permanente Medical Groups continue to be "rabid for HCCs" and that Kaiser's NCO group has no power to focus the organization on compliance.

C. Kaiser improperly employs technology to further its HCC and revenue capture.

1. Data Mining and Addenda.

191. In 2014-2015, Kaiser's TPMG EIO's "data mining" team, comprised largely of out-of-country doctors, used "algorithms" in the NCAL region to identify and capture possible missed HCCs to create "addenda" or "add files," referred to as "missed opportunities" by TPMG. Ms. Hernandez believes and therefore alleges that this practice had been going on for many years.

192. Also in 2014-2015, Ms. Hernandez witnessed TPMG utilizing foreign doctors, who were not licensed as physicians in the United States and may not have had current foreign licenses, to access the clinic encounters. The foreign doctors would send "Dear Doctor" notes via KP Health Connect to the primary care physician asking them to add to (addend) the medical records with HCC diagnoses based on their reviews and using their algorithms, often several months after the encounter.

193. This process was improper and led to HCC errors both in the MA and ACA programs. For example, as part of an NCO audit in 2015, Ms. Hernandez found documentation of sepsis added onto a clinic encounter four months after the patient was seen, with no supporting documentation as to how the HCC diagnosis was determined (*e.g.*, no lab values, signs/symptoms, treatment, clinical indicators, etc.). When Ms. Hernandez shared with her director, Anne Cadwell (TPMG EIO Director), that Ms. Hernandez agreed with NCO's finding that sepsis was improperly coded, Ms. Hernandez was told by Ms. Cadwell "never to agree" with an NCO audit, and if the topic came up, to just say "thank you." Ms. Hernandez asked what to enter in the audit response, given that she agreed with the finding. Ms. Cadwell instructed Ms. Hernandez not to talk at the audit exit call and to only speak when Ms. Cadwell asked Ms. Hernandez to say something.

194. Kaiser kept careful track of its data mining progress, regularly tabulating and presenting annual and year-to-date statistics across all Kaiser regions, and by medical center and condition. Kaiser tracked its data mining data for all risk-based payors, including both the MA program and the ACA program, and separately presented ACA data mining data on a condition-by-condition basis, including for certain of the conditions discussed above. Kaiser's policy for data mining and addenda was expressly applicable to all risk-based payors, including both the MA program and the ACA program.

195. Similarly, in approximately August 2015, Ms. Cadwell demanded that records of newborns that were part of the ACA program be "auto-populated" with the diagnosis of "infant prematurity," which would then receive an HHS-HCC code, whenever an infant's birthweight was low, even though low birthweight is not necessarily or always caused by

prematurity, but regularly happens in the ordinary course of deliveries that occur close to or at term. Ms. Hernandez resisted Ms. Cadwell's demands and took the issue to Rod Madamba, Director HIM Northern California, who agreed with Ms. Hernandez given the clear error in Ms. Cadwell's medical and coding logic, and refused to implement the auto-populate directive. Ms. Cadwell did not succeed in auto-populating newborn records with the improper code at that time, but her attempt to do so was consistent with Kaiser's overall efforts to over-document and over-code wherever and whenever possible in both the MA and ACA programs.

2. Improper Carry-Over From Prior Years.

196. In 2014-2015, Ms. Hernandez discovered that in Kaiser's NCAL TPMG region, Kaiser's "Business Intelligence Team" ("BIT") generated questionable "block" files and "add" files for resubmission to CMS based on algorithms. The addenda process they used may have improperly carried over HCCs from previous years to the current year without physician validation or a face-to-face encounter.

197. Ms. Hernandez was part of the TPMG EIO Director email distribution list where medical record diagnoses files were emailed to the directors asking for approval for "add" or "block" files, which Ms. Hernandez never approved. To Ms. Hernandez' knowledge, "add" (or "addenda") files were created based on algorithms run by the BIT team (*e.g.*, diabetes with manifestations, etc.), and automatically carried from the previous year to the current year's problem list even where patients were not seen face-to-face as required under the Medicare Advantage and ACA programs.

3. Computer Assisted Coding

198. Computer Assisted Coding (CAC) is a natural language processing technology utilized as a tool to assist the coding professional to confirm and select ICD and CPT codes based on words and language used in the medical record. CAC identifies wording and/or full sentences within the electronic health record which contains signs, symptoms, diagnoses and procedures for which a code may possibly be assigned once confirmed and validated by the coding

professional. CAC was identified and implemented by Kaiser as a valuable tool and asset to increase coding productivity, coding accuracy, and HCC capture.

199. In approximately 2013, during the pilot phase of CAC implementation in Kaiser's NCAL region, Ms. Hernandez conducted auditing and validation of the resulting diagnoses and codes, along with Ms. Sheryl Roy (Regional NCAL HIM employee at the time). Ms. Hernandez and Ms. Roy determined that CAC was capturing and overcoding diagnoses with an overall poor accuracy rate (60% or less). They shared their findings with Ms. Bryant, who agreed with their concerns.

200. During a CAC quality assurance meeting, which was held via recorded webex, Ms. Bryant, Ms. Hernandez and Ms. Roy reported their audit findings and concerns to NCAL Revenue Cycle Charge Capture Manager, Gina Sandler, and Revenue Cycle Integrity Director, Diane Ott, who were members of Kaiser's CAC implementation team. Ms. Sandler typed meeting minutes during the call. Ms. Hernandez and Ms. Roy later discovered that the audit results and their concerns had been excluded from the meeting minutes. Moreover, they discovered that Ms. Sandler and Ms. Ott had manipulated the actual audit results to indicate a higher accuracy rate. Ms. Hernandez and Ms. Bryant believe and therefore allege that the audit results were manipulated and their concerns were ignored so as to avoid identification of any problems with CAC which might delay its full implementation at Kaiser. Ms. Bryant and Ms. Hernandez voiced their concerns to NCAL Revenue Cycle Leadership and to Kaiser's NCO leadership (Ms. Anderson), but were ignored.

201. Ultimately, Kaiser's CAC implementation moved forward in 2014 on outpatient and inpatient encounters. After 18 months to two years of constant problems with CAC, the hospital coding and auditing staff expressed outrage with the continued inaccuracy and their mistrust of the CAC tool. These complaints resulted in NCAL Revenue Cycle Leadership finally discontinuing CAC in hospital outpatient encounters in 2016.

202. Ms. Bryant and Ms. Hernandez believe and therefore allege that Kaiser never went back to correct the many inaccurate codes generated by the Kaiser's flawed CAC processes.

D. The Kaiser Defendants Acted With Intent.

203. The Kaiser Defendants acted with intent in over-charging the United States and retaining and failing to return such overpayments. Kaiser's entire corporate culture is built around "mining for", "gaming" and "capturing" codes even when they are not validly supported or documented, training its physicians to over-diagnose and falsely document diagnoses, elevating its profits over its compliance function, and motivating employees through the setting of metrics and, upon information and belief, utilizing bonuses for successful code and revenue capture. The specific schemes described above engineered by Kaiser regarding aortic atherosclerosis, vent dependent status, and others evidence Kaiser's intentional, systematic efforts to circumvent proper documentation and coding practices and Medicare law and the ACA. Moreover, although Kaiser has a National Compliance Office with hundreds of staff, there are huge holes and gaps in the effectiveness of its compliance program, which is subverted to the profit goals of Kaiser's medical groups.

E. Kaiser Submitted or Caused to be Submitted False Claims to the ACA Program

204. Through the conduct described above, Kaiser submitted, or caused others to submit, false claims for payment to the Government. Specifically, Kaiser submitted false claims when it certified its EDGE data as being accurate when it knew that it was not, as that false data is used to determine risk adjustment payments made from or to the Government, and in underpaying into the ACA risk pool, or receiving inflated payments from the ACA risk pool, as a result of its inaccurate risk adjustment data. Kaiser also caused false claims to be submitted via premium tax credits, due to Kaiser's manipulation of the data it presents to the Government with its URRT submissions. And, every payment made to, from, or through the Government by Kaiser in connection with the ACA program is a false claim, since Kaiser is ineligible to participate in the ACA exchanges due to its manipulation of risk adjustment data.

1. Risk Adjustment Payments

205. The more risky an insurer's patient base, either (1) the amount it receives through the risk adjustment payments increases if it is owed money from the pool, or (2) the amount it must pay in risk adjustment payments decreases if it owes money into the pool.

206. As set forth above, Kaiser's upcoding fraud causes its patients to appear more risky and expensive to insure than they actually are. As a result, Kaiser's risk adjustment payments are skewed. Since its patient base appears more risky, Kaiser either pays less in risk adjustments than it should have (when HHS determines that it owes money into the risk pool), or it receives more in risk adjustment payments than it should (when HHS determines that it is owed money from the risk pool). In either scenario, on a net basis Kaiser benefits more from the Risk Adjustment Program than it should have, had it accurately submitted its risk adjustment data.

207. For every plan and every year, Kaiser falsely certified and attested to the Government that it had presented accurate claims data, reflecting actual diagnoses, when it had not.

208. From an analysis of risk adjustment payments made or received by a Kaiser entity between 2014 and 2021, Kaiser has made, in the aggregate, nearly $6.13 billion in risk adjustment payments into the pool under the ACA. This net figure reflects that, overall, Kaiser generally has reported a healthier patient base than other insurers, requiring it to pay more into the risk pool than it has received, although its status as payor or recipient has varied by individual State market and year.

209. This net $6.13 billion figure is based on Kaiser's systemic practice of over-documenting and upcoding its patient encounters. Had Kaiser accurately coded its patient encounters, HHS would have determined that Kaiser owed substantially ***more*** money to the risk pools than Kaiser actually paid.

210. By making lower payments than what Kaiser should have paid to the Government in risk adjustment payments, Kaiser has unlawfully kept Government funds; and in receiving more payments from the risk pool than it was due in those markets and years where it was a net recipient, Kaiser has unlawfully received Government funds.

2. Tax Credits

211. Kaiser's systemic practice of over-documenting and upcoding also has caused the Government to overpay via ACA premium tax credits.

212. As set forth above, the URRT's that Kaiser submits each year in each state include historical and estimated claims data. This data is skewed by Kaiser's systemic over-documentation and upcoding, making its patient base appear more risky than it actually is. Kaiser uses this riskier-appearing patient base to lower its contributions to the Risk Adjustment Program, and lessen the amounts received by other insurers. If not for the upcoding, Kaiser would pay more or receive less in risk adjustment payments, and its competitors would receive more or pay less in risk adjustment payments.

213. The URRTs that Kaiser submits each year also factor into the premiums that Kaiser and other insurers set, and the federal share of those premiums through federal tax credits. If Kaiser were accurately reporting its risk adjustment data, it would either receive less from the Risk Adjustment Program, or pay more into the Risk Adjustment Program. Since it does not, it is able to lower its premiums because it does not anticipate paying the full amount of money that it should into the Risk Adjustment Program; instead, it uses those "savings" to charge lower premiums. Kaiser's competitors, in turn, are forced to raise their premiums, because they anticipate receiving artificially low risk adjustment transfers (unbeknownst to them) from Kaiser.

214. This over-documentation and upcoding fraud has had a direct impact on the premium tax credits, which are funded directly by the Government, because it causes competitors to unknowingly artificially raise their own premium prices, directly impacting the federal share of the premiums through tax credits.

215. When Kaiser's over-documentation and upcoding impacts an area's benchmark premium, which it does in every State and market in which it participates, the tax credits for *all plans* purchased by *all consumers* from *any insurer* are inflated due to Kaiser's scheme, particularly when the Kaiser plan in that marketplace is not chosen as the benchmark plan, which happens in the substantial majority of markets in any given year.

216. As a hypothetical and simplified example, assume that there are three insurers in a particular market. Insurer A charges $140 for a silver plan, Insurer B charges $130, and Kaiser charges $80. As the second-lowest priced plan, Insurer B's premium of $130 would serve as the benchmark, and all premium tax credits would be tied the $130 price. For qualifying individuals, the Government would pay up to $130 of the premium cost, using taxpayer dollars. However, due to Kaiser's upcoding fraud (and the resulting lower share of risk adjustment payments received by Insurers A and B), the premiums charged by Insurers A and B are artificially inflated. If Kaiser submitted accurate risk adjustment data, Insurers A and B would each charge $15 less (anticipating higher risk adjustment pool payments by Kaiser), and Kaiser would charge $30 more (to recover more from consumers in anticipation of the need to pay more into the pool). In other words, if Kaiser were behaving lawfully, Insurer A would charge $125, Insurer B would charge $115, and Kaiser would charge $110. With accurate data, the benchmark in the area would now be $115, instead of $130. As a result of Kaiser's fraud, the maximum premium tax credit – and amount paid by the Government towards *all* premium payments in the area by qualified individuals – would be up to $15 higher than it should have been. Due to Kaiser's over-documentation and upcoding, the Government is overpaying by up to $15 per month for each and every plan purchased in that area due to Kaiser's over-documentation and upcoding fraud.

217. This scenario plays out in each of the States and regions in which Kaiser Health Plans participate in ACA marketplaces, as Kaiser causes the benchmark premiums and tax credits to be elevated when it does not itself act as the benchmark plan, which is the case a substantial majority of the time. For example, Kaiser plans have served as the benchmark plan in California's 19 ratings areas (marketplaces) less than 30 percent of the time since 2014.

218. Because Kaiser should have been ineligible to participate in the ACA due to its abject failure to comply with the requirements of the Risk Adjustment Program, all "[p]ayments made by, through, or in connection with an Exchange" involving federal funds – i.e., all premium tax credits used for Kaiser plans, and all Risk Adjustment Payments made or received by Kaiser – are subject to False Claims Act liability. 42 U.S.C. § 18033(a)(6)(A).

219. Alternatively, Kaiser is responsible under the FCA, at minimum, for the amounts that it underpaid into the ACA insurance pool, or overpayments that it received from the ACA insurance pool, and for all federal funds received in the form of excess premium tax credits caused by its submission of false Risk Adjustment Data.

F. Kaiser's Fraud Was and Is Material to the Government's Payment Decision

220. **Medicare Advantage**: The United States, unaware of the falsity of the records, statements, and claims made and submitted by Defendants, its agents, employees, and co-conspirators, and as a result thereof, has paid money that it otherwise would not have paid under the Medicare Advantage program. For example, CMS would have refused to make risk adjustment payments, in whole or in part, to the Kaiser Defendants if it had known that the Kaiser Defendants were falsifying documentation and coding as alleged in this Complaint. The fraudulent diagnostic data and coding submitted by the Kaiser Defendants constituted a substantial portion of all of the diagnostic data and coding submitted by the Kaiser Defendants to the government. Given that diagnostic data and coding is the sole determinant in the calculation of any risk adjustment payment based on a beneficiary's health status, the government's payment decision necessarily would have been different had the government known that the data and coding were false.

221. Moreover, CMS makes reconciliation payments to the Kaiser Defendants based on the diagnostic data submitted under the Medicare Advantage program. Those payments are adjusted to account for invalid diagnoses codes that providers such as Kaiser submit. If the Kaiser Defendants had complied with their obligation to delete invalid diagnoses from RAPS, Medicare would have processed the corrected data, recalculated the risk score for the beneficiaries, and the risk adjustment reconciliation payment system would have made the corresponding payment adjustment. But when the Kaiser Defendants did not delete invalid diagnoses from RAPS, Medicare paid for the invalid diagnoses as part of its final reconciliation payment to the Kaiser Defendants. If the Kaiser Defendants had corrected their invalid diagnoses, CMS would have processed the corrected data to produce accurate risk scores for beneficiaries, which necessarily would have changed the risk adjustment payments for those beneficiaries.

222. The risk adjustment attestations submitted to CMS by the Kaiser Defendants each year are a reminder to the Kaiser Defendants of their obligation to submit valid data and to promptly correct invalid data. They also have a direct impact on the government's risk adjustment payments. For example, if CMS knew that the Kaiser Defendants' attestations were false, CMS's risk adjustment payments would have changed in that CMS would have refused to make risk adjustment payments to the Kaiser Defendants, in whole or in part.

223. The materiality of the Kaiser Defendants' fraud on the Medicare Advantage program is further established by the fact that the United States has filed suit against Kaiser in this case and against other managed care organizations over similar documentation and coding fraud as alleged herein.

224. **Affordable Care Act**: As to the ACA, the United States was unaware of the falsity of the records, statements, and claims made and submitted by Defendants, their agents, and employees. As a result, it has paid money to Defendants that it otherwise would not have paid, or refrained from recovering more money from Defendants than it otherwise would have.

225. The ACA's materiality threshold for discrepancies in risk adjustment data is, at most, $100,000. *See* 45 C.F.R. § 153.710(e). Kaiser's fraud far exceeds this threshold, many times over.

226. From the inception of the ACA Risk Adjustment Program, Kaiser squeezed, manipulated, over-documented and upcoded more and more risk adjustment data such that it managed to increase its overall ACA risk score most every year by at least one percent annually, often much more than that. Given the amount of premium revenue and the size of the insurance pool, this level of risk adjustment fraud benefitted Kaiser's ACA plans by at least tens of million dollars in federal risk pool adjustments each year, a substantial portion of which was funded through federal tax credits. This fraud is well in excess of the ACA's materiality threshold of $100,000.

227. Moreover, because Defendants falsified their risk adjustment data, they violated a material condition making them eligible to participate in the ACA Exchanges, and in turn to receive any funds in connection with that program. 42 U.S.C. § 18033(a)(6)(A). The United States

would have refused to fund premium tax credits for Kaiser plans, would have refused to make risk adjustment payments to Kaiser, and/or would have demanded additional risk adjustment payments from Kaiser. Further, Congress has explicitly stated that such violations of material conditions of participation in the ACA Exchanges subject Defendants to False Claims Act liability. *Id*.

228. Further, the inflated diagnostic data and coding submitted by Defendants constituted a substantial portion of all the diagnostic data and coding submitted by the Defendants to the Government. Given that diagnostic data and coding is the principal determinant in the risk profile of a given insurance plan, and in turn directly impacts the premiums that plan can charge, the tax credits that can be applied to the plan's premium payments, and the risk adjustment payments going to or coming from the insurer, the Government's payment decisions necessarily would have been different had the Government known that the data was false.

229. The EDGE attestations submitted by the Defendants each year are a reminder to the Defendants of their obligation to submit valid data and to promptly correct invalid data. They also have a direct impact on the Government's risk adjustment transfers. For example, if HHS knew that the Defendants' attestations were false, HHS' risk adjustment transfers would have changed, and required Defendants to pay more in risk adjustment transfers or receive less in risk adjustment transfers.

230. The materiality of the Defendants' fraud is further established by the fact that HHS is empowered to commence enforcement actions and impose monetary penalties against those entities that fail to comply with risk adjustment data requirements as Kaiser has. 45 C.F.R. § 153.740(a); 45 C.F.R. § 156.805.

231. The Government, in fact, has launched investigations into insurers manipulating risk adjustment data to alter risk adjustment payments under the ACA. For instance, in 2017, the FBI issued subpoenas and investigated an insurer for such manipulation in Oregon. *See, e.g.*, https://www.healthcaredive.com/news/fbi-investigating-zoom-for-aca-risk-adjustment-fraud/444803/.

232. The materiality of the Defendants' fraud is further amplified by the magnitude of Defendants' false risk adjustment data. On a net basis, Defendants' insurance plans under the ACA were responsible for the movement of over $6.13 *billion* since 2014. Further, when Defendants' conduct impacts the benchmark rates in a given area, which it regularly does, Defendants' fraud impacts the premium tax credit for *every* enrollee in *any* insurer's plan that is eligible for a tax credit.

FIRST CLAIM FOR RELIEF

False Claims Act: Presentation of False or Fraudulent Claims

U.S.C. § 3729(a)(1)(A) (formerly 31 U.S.C. § 3729(a)(1))

233. The Relators repeat and re-allege the allegations contained in Paragraphs 1 – 232 above as though they are fully set forth herein.

234. Defendants violated 31 U.S.C. § 3729(a)(1)(A) as follows: Defendants knowingly (as "knowingly" is defined by 31 U.S.C. 3729(b)(1)) presented or caused to be presented a false or fraudulent claim for payment or approval. Specifically, Defendants knowingly presented or caused to be presented a false or fraudulent Risk Adjustment Attestation to the United States in order to receive and retain risk adjustment payments from the Medicare Program and higher premiums and premium tax credits and a greater share of the ACA insurance pool under the ACA program.

235. Defendants violated former 31 U.S.C. § 3729(a)(1) as follows: Defendants knowingly presented, or caused to be presented, to the United States a false or fraudulent claim for payment or approval. Specifically, Defendants knowingly presented or caused to be presented a false or fraudulent Risk Adjustment Attestation to the United States in order to receive and retain risk adjustment payments from the Medicare Program and higher premiums and premium tax credits and a greater share of the ACA insurance pool under the ACA program.

236. The United States, unaware of the falsity of the records, statements, and claims made and submitted by Defendants, its agents, employees, and co-conspirators, and as a result thereof, paid money that it otherwise would not have paid.

237. By virtue of the said false or fraudulent claim, the United States incurred damages and therefore is entitled to multiple damages under the False Claims Act, plus a civil penalty for each violation of the Act.

SECOND CLAIM FOR RELIEF

False Claims Act: Making or Using False Records or Statements

U.S.C. § 3729(a)(1)(B) (formerly 31 U.S.C. § 3729(a)(2))

238. The Relators repeat and re-allege the allegations contained in Paragraphs 1 – 237 above as though they are fully set forth herein.

239. Defendants violated 31 U.S.C. § 3729(a)(1)(B) as follows: Defendants knowingly (as "knowingly" is defined by 31 U.S.C. § 3729(b)(1)) made, used, or caused to be made or used, a false record or statement material to a false or fraudulent claim. Specifically, Defendants knowingly made, used, or caused to be made or used a false Risk Adjustment Attestation material to a false or fraudulent claim for risk adjustment payments from the Medicare Program and higher premiums and premium tax credits and a greater share of the ACA insurance pool under the ACA program.

240. Defendants violated former 31 U.S.C. § 3729(a)(2) as follows: Defendants knowingly made, used, or caused to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the United States. Specifically, Defendants knowingly made, used, or caused to be made or used a false Risk Adjustment Attestation to get a false or fraudulent claim for risk adjustment payments paid or approved by the Medicare Program and higher premiums and premium tax credits and a greater share of the ACA insurance pool under the ACA program.

241. The United States, unaware of the falsity of the records, statements, and claims made and submitted by Defendants, its agents, employees, and co-conspirators, and as a result thereof, paid money that it otherwise would not have paid.

242. By virtue of the said false record or statement, the United States incurred damages and therefore is entitled to multiple damages under the False Claims Act, plus a civil penalty for each violation of the Act.

THIRD CLAIM FOR RELIEF

False Claims Act: Conspiracy

U.S.C. § 3729(a)(1)(C) (formerly 31 U.S.C. § 3729(a)(3))

243. The Relators repeat and re-allege the allegations contained in Paragraphs 1 – 242 above as though they are fully set forth herein.

244. Defendants violated 31 U.S.C. § 3729(a)(1)(C) as follows: Defendants conspired with one another to commit a violation of 31 U.S.C. § 3729(a)(1)(A), (B), and/or (G), as those violations are specifically alleged in Claims I, II, and IV of this Complaint.

245. Defendants violated former 31 U.S.C. § 3729(a)(3) as follows: Defendants conspired with one another to defraud the United States by getting a false or fraudulent claim allowed or paid. Specifically, Defendants conspired with one another to defraud the United States by getting risk adjustment payments from the Medicare Program based on a false or fraudulent claim for risk adjustment payments and/or a false or fraudulent Risk Adjustment Attestation, and higher premiums and premium tax credits and a greater share of the ACA insurance pool under the ACA program. Defendants conspired with one another in one overarching conspiracy involving all Kaiser entities, who all share common management and control and are financially intertwined with one another. Defendants also conspired bilaterally, with each health plan and affiliated medical group conspiring to defraud the United States on a regional basis, with the various Kaiser regions essentially competing with one another on which could do so most successfully.

246. The United States, unaware of the falsity of the records, statements, and claims made and submitted by Defendants, its agents, employees, and co-conspirators, and as a result thereof, paid money that it otherwise would not have paid.

247. By virtue of the said conspiracy, the United States incurred damages and therefore is entitled to multiple damages under the False Claims Act, plus a civil penalty for each violation of the Act.

FOURTH CLAIM FOR RELIEF

False Claims Act: Reverse False Claims

U.S.C. § 3729(a)(1)(G) (formerly 31 U.S.C. § 3729(a)(7))

248. The Relators repeat and re-allege the allegations contained in Paragraphs 1 – 247 above as though they are fully set forth herein.

249. Defendants violated 31 U.S.C. § 3729(a)(1)(G) as follows: Defendants knowingly (as "knowingly" is defined by 31 U.S.C. § 3729(b)(1)) made, used, or caused to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the United States. Specifically, Defendants knowingly made, used, or caused to be made or used a false Risk Adjustment Attestation material to an obligation to repay risk adjustment payments to which they were not entitled from the Medicare Program, and to repay higher premiums and premium tax credits and to receive a greater share of the ACA insurance pool to which they were not entitled under the ACA program.

250. Defendants also violated 31 U.S.C. § 3729(a)(1)(G) as follows: Defendants knowingly (as "knowingly" is defined by 31 U.S.C. § 3729(b)(1)) concealed or improperly avoided or decreased an obligation to pay or transmit money or property to the United States. Specifically, Defendants knowingly concealed or improperly avoided or decreased an obligation to repay risk adjustment payments to which they were not entitled from the Medicare Program, and to repay higher premiums and premium tax credits and to receive a greater share of the ACA insurance pool to which they were not entitled under the ACA program.

251. Defendants violated former 31 U.S.C. § 3729(a)(7) as follows: Defendants knowingly (as "knowingly" is defined by 31 U.S.C. § 3729(b)(1)) made, used, or caused to be made or used, a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the United States. Specifically, Defendants knowingly made, used, or caused to be made or used, a false Risk Adjustment Attestation to conceal, avoid or decrease an obligation to repay risk adjustment payments to which they were not entitled from the Medicare Program, and

to repay higher premiums and premium tax credits and to receive a greater share of the ACA insurance pool to which they were not entitled under the ACA program.

252. The United States, unaware of the falsity of the records, statements, and claims made and submitted by Defendants, its agents, employees, and co-conspirators, and as a result thereof, paid money that it otherwise would not have paid.

253. By virtue of the said false record, statement, and other acts of concealment and improper avoidance, the United States incurred damages and therefore is entitled to multiple damages under the False Claims Act, plus a civil penalty for each violation of the Act.

FIFTH CLAIM FOR RELIEF

False Claims Act: Relief From Retaliatory Actions Against Defendant TPMG

U.S.C. § 3730(h)

254. Relator Victoria M. Hernandez repeats and re-alleges the allegations contained in Paragraphs 1 – 253 above as though they are fully set forth herein.

255. 31 U.S.C. § 3730(h), Relief From Retaliatory Actions, provides:

> (i) In general.— Any employee, contractor, or agent shall be entitled to all relief necessary to make that employee, contractor, or agent whole, if that employee, contractor, or agent is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, or agent on behalf of the employee, contractor, or agent or associated others in furtherance of other efforts to stop 1 or more violations of this subchapter.
>
> (ii) Relief.— Relief under paragraph (1) shall include reinstatement with the same seniority status that employee, contractor, or agent would have had but for the discrimination, 2 times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An action under this subsection may be brought in the appropriate district court of the United States for the relief provided in this subsection.

256. Ms. Hernandez was employed by the Kaiser Defendants from June 1995 through October 2015. From January 2000 forward, Ms. Hernandez's was employed in various coding leadership positions.

257. Ms. Hernandez received stellar employment reviews throughout her career with Kaiser until she was hired into Kaiser's TPMG organization. In her last year of Kaiser employment (October 2014 through October 2015), the only year that she worked at Kaiser's TPMG subsidiary, Ms. Hernandez was criticized for purported lack of communication and, at the same time, also reprimanded for communicating her concerns about TPMG's coding and auditing functions.

258. This review came after, and was the direct result of, Ms. Hernandez observing and reporting internally several of the coding errors and systemic fraud detailed herein committed at and by Kaiser and its affiliates, including TPMG.

259. The poor review was improper retribution for Ms. Hernandez's efforts to bring to the attention of leadership the deceptive and fraudulent practices within Kaiser. She was set up to be terminated for reporting what she observed even though she had been asked by TPMG leadership to stop looking for another job. Ms. Hernandez felt harassed, disrespected, and bullied. She was subjected to threats and intimidation by TPMG leadership.

260. In October 2015, in anticipation of being terminated, and due to Kaiser TPMG's intimidation and harassment, she resigned her position with Kaiser.

261. Ms. Hernandez engaged in protected activity by, among other things, reporting to multiple Kaiser supervisors her concerns that Kaiser was submitting illegal, unlawful and/or false claims to the Government in an effort to stop Kaiser from presenting or causing to be presented to the Government false or fraudulent claims for payment or approval, and from making, using or causing to be made or used, a false record or statement material to a false or fraudulent claim.

262. Kaiser TPMG knew that Ms. Hernandez engaged in the above described protected activity.

263. Kaiser TPMG discharged, demoted, threatened, harassed, and otherwise discriminated against Ms. Hernandez as a result of her protected activities.

264. As a result of Kaiser's unlawful actions, Ms. Hernandez has suffered a loss of employment opportunities and earnings and a loss of future earnings and earning capacity, and Ms. Hernandez has suffered, and continues to suffer, non-monetary damages, including, but not limited to, emotional and physical distress, humiliation, embarrassment, loss of esteem, and loss of enjoyment of life.

SIXTH CLAIM FOR RELIEF

Violation of Cal. Lab. Code § 1102.5, *et seq.* Against Defendant TPMG

265. Relator Victoria M. Hernandez repeats and re-alleges the allegations contained in Paragraphs 1 – 264 above as though they are fully set forth herein.

266. In violation of Cal. Lab. Code § 1102.5, Defendant TPMG, by and through its principals, agents and employees, retaliated against Ms. Hernandez for having opposed, resisted, and complained of the acts alleged herein.

267. Defendant TPMG retaliated against Ms. Hernandez for opposing and refusing to participate in Defendant's violations of state and federal statutes and/or rules and regulations. In contesting Defendant's violations, Ms. Hernandez was engaged in protected activity. Under Cal. Lab. Code § 1102.5, Defendant TPMG is prohibited from retaliation against Ms. Hernandez for opposing any practices forbidden or made unlawful under Cal. Lab. Code § 1102.5.

268. In taking the actions alleged herein, Defendant TPMG acted with malice, fraud and oppression, and in reckless disregard of Ms. Hernandez's rights, entitling her to an award of punitive damages.

269. As a result of Defendant TPMG's unlawful actions, Ms. Hernandez has suffered a loss of employment opportunities and earnings and a loss of future earnings and earning capacity, and Ms. Hernandez has suffered, and continues to suffer, non-monetary damages, including, but not limited to, emotional and physical distress, humiliation, embarrassment, loss of esteem, and loss of enjoyment of life.

SEVENTH CLAIM FOR RELIEF

Violation of Cal. Lab. Code § 98.6 Against Defendant TPMG

270. Relator Victoria M. Hernandez repeats and re-alleges the allegations contained in Paragraphs 1 – 269 above as though they are fully set forth herein.

271. In violation of Cal. Lab. Code § 98.6, Defendant TPMG, by and through its principals, agents and employees, retaliated against Ms. Hernandez for having opposed, resisted, and complained of the acts alleged herein.

272. After Ms. Hernandez complained about and objected to Kaiser's practices detailed herein and in response to such complaints and objections, Defendant TPMG subjected her to ongoing retaliation, including but not limited to ostracism and the threat of termination.

273. In taking the actions alleged herein, Defendant TPMG acted with malice, fraud and oppression, and in reckless disregard of Ms. Hernandez's rights, entitling her to an award of punitive damages.

274. As a result of Defendant TPMG's unlawful actions, Ms. Hernandez has suffered a loss of employment opportunities and earnings and a loss of future earnings and earning capacity, and Ms. Hernandez has suffered, and continues to suffer, non-monetary damages, including, but not limited to, emotional and physical distress, humiliation, embarrassment, loss of esteem, and loss of enjoyment of life.

PRAYER

WHEREFORE, *qui tam* plaintiffs Gloryanne Bryant and Victoria M. Hernandez pray for judgment against Defendants as follows:

On Claims I, II, III, and IV (False Claims Act), against all Defendants jointly and severally:

- for the amount of the United States' damages, trebled as required by law, together with the maximum civil penalties allowed by law, costs, post-judgment interest, and such other and further relief as the Court may deem appropriate;

- for Relators to be awarded the maximum amount allowed pursuant to 31 U.S.C. § 3730(d) of the Federal False Claims Act;
- for Relators to be awarded all costs of this action, including attorneys' fees and expenses;
- and for the United States and Relators to receive all such other relief as the Court deems just and proper.

Further, on Claims V, VI, and VII, Plaintiff-Relator Ms. Hernandez, on her own behalf, demands that judgment be entered in her favor and against Defendant The Permanente Medical Group, Inc. granting the following relief:

- An award of back pay with prejudgment interest;
- An award of front pay in lieu of reinstatement;
- An award of general damages to compensate Ms. Hernandez for the mental and emotional distress caused by Defendant TPMG's misconduct;
- An award of punitive damages to deter and punish Defendant TPMG;
- An award of double, treble, exemplary, and/or punitive damages pursuant to 31 U.S.C. § 3730(h)(2) and the California Labor Code;
- An award of attorneys' fees and costs pursuant to 31 U.S.C. § 3730(h)(2) and the California Labor Code; and
- An award of such other and further relief as this Court deems just and proper.

DEMAND FOR JURY TRIAL

Relators hereby demand a trial by jury as to all issues.

Dated: December 12, 2022

Respectfully submitted,

GLORYANNE BRYANT and
VICTORIA M. HERNANDEZ

By /s/ Roger A. Lewis

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David E. Morrison (pro hac vice)
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Counsel for Plaintiffs-Relators

EXHIBIT 1

Incidental finding on radiology reports for outpatient encounter

ICD-9-CM Coding Clinic, **Third Quarter 2010** Pages: 8-9 Effective with discharges: October 1, 2010

Question:

We are requesting guidance on coding incidental findings found on radiology reports during outpatient encounters. For example, a patient is seen in the emergency department (ED) for chest pain and a computed tomography (CT) of the chest and abdomen are performed. The CT of the abdomen was performed to rule out any type of gastritisassociated chest pain. The impression on the CT is normal except for "single renal cyst." The cyst is not documented anywhere else on the ED record, nor does it appear to be related to the reason why the CT was initially performed.

Are we correct in interpreting existing guidelines and previous *Coding Clinic* advice that findings from x-rays performed on patients in the ED should not be coded except to gain greater specificity for an already diagnosed condition? Do you agree that it is the responsibility of the ED physician to document the relevance and pertinence of each diagnosis in his/her final impression? To us, this is different than the guidelines we follow for coding outpatient diagnostic tests when the patient presents to the ancillary department specifically for a particular test and interpretation. There is no other physician involved to 'coordinate' the care, treatment, and diagnosis of the patient like there is when the patient presents to the ED and gets these tests performed.

Answer:

It is inappropriate to report an incidental finding found on a radiology report when the finding is unrelated to the sign, symptom, or condition that necessitated the performance of the test for a patient being seen in the emergency department (ED). The ED physician would need to clarify that the finding was clinically significant and related to the visit in order for it to be coded.

Outpatient chest x-ray (radiology) coding

ICD-10-CM/PCS Coding Clinic, **First Quarter ICD-10 2017** Page: 7 Effective with discharges: March 13, 2017

Related Information

Question:

The physician refers a patient for chest x-ray to outpatient radiology with a diagnosis of weakness and chronic myelogenous leukemia (CML). The radiology report demonstrated no acute disease and moderate hiatal hernia. For reporting purposes, which codes are appropriate for the facility to assign?

Answer:

The facility should assign code R53.1, Weakness, and code C92.10, Chronic myeloid leukemia, BCR/ ABL-positive, not having achieved remission, for this encounter. It is not appropriate to report code K44.9, Diaphragmatic hernia without obstruction or gangrene, for the hiatal hernia, because it is an incidental finding.

EXHIBIT 2

revenueCYCLE NORTHERN CALIFORNIA

KAISER PERMANENTE

Date: March 1, 2012

To: NCAL HIM Directors, HIM Coding Staff

Cc: Regional Coding Review Managers
Gloryanne Bryant, NCAL Managing Director HIM
Dawna Toews, NCAL Regional Assoc. Director of Hospital Coding
Dexter D'Costa, NCAL Regional Director of CDI
Helena Rush, NCAL Regional Manager of CDI QA

From: Nancy J Andersen, Regional Director of Hospital Coding

Subject: Coding Aortic Atherosclerosis

One of the roles of Regional HIM is to assist with providing coding guidance to questions that occur repeatedly. Some concern has been raised to us by HIM coding staff regarding the coding of "aortic atherosclerosis" as a secondary diagnosis. This memo has been developed to provide guidance to the HIM coding staff in the correct assignment of aortic atherosclerosis as a secondary diagnosis.

Overview:
There have been recent discussions among HIM and CDI staff regarding the appropriate capture of aortic atherosclerosis as a secondary diagnosis. Input was sought from Janet D. Franklin of Kaiser's National Compliance Office (NCO). Based on a discussion held with NCO, Regional HIM and CDI QA leadership, the following criteria is to be used when determining whether or not to assign aortic atherosclerosis as a secondary diagnosis.

The determination as to whether or not aortic atherosclerosis (AA) documented on radiology reports should be considered an incidental finding is dependent upon the following:

- Was the purpose of the diagnostic radiology exam **specifically** to look for or diagnose AA? If the physician does not indicate the significance and/or relevance of the aortic atherosclerosis to the admission or encounter, it is considered an incidental finding and should not be coded. This is in keeping with AHA *Coding Clinic* advice which states incidental findings in a radiology report are not to be coded when they are unrelated to the sign, symptom, or condition that necessitated the performance of the test.

- If the AA is an incidental finding on the radiology report because the study was not performed specifically to look for AA, review the documentation to determine if any of the following is present:

  a. Treatment directed towards the AA such as medication prescribed?

  b. Required follow up documented by the physician?

  d. Other indication that the AA was evaluated by the physician beyond stating "the patient has AA"?

If none of the above conditions are met, the AA is considered an incidental finding and the physician should **not** be queried about it **nor should it be coded**. It is the responsibility of the physician to document the relevance and pertinence of each diagnosis in his/her documentation.

References:

AHA *Coding Clinic,* Third Quarter 2010, pages 8-9:

"It is inappropriate to report an incidental finding found on a radiology report when the finding is unrelated to the sign, symptom, or condition that necessitated the performance of the test for a patient being seen in the emergency department (ED). The ED physician would need to clarify that the finding was clinically significant and related to the visit in order for it to be coded."

AHA *Coding Clinic,* Second Quarter 1990, pages 15 – 16:

> *Abnormal findings (laboratory, X-ray, pathologic, and other diagnostic results) are not coded and reported unless the physician indicates their clinical significance. If the findings are outside the normal range and the physician has ordered other tests to evaluate the condition or prescribed treatment, it is appropriate to ask the physician whether the diagnosis should be added.*

The coder should not arbitrarily add an additional diagnosis ....on the basis of an abnormal laboratory finding alone. To make a diagnosis on the basis of a single lab value or abnormal diagnostic finding is risky and carries the possibility of error. Is this from Coding Clinic or guidelines?

Action Required: Immediate distribution to all HIM coders and CDI QA staff

If you have any questions please contact me directly via email at: nancy.j.andersen@kp.org or via phone at 510 625-5674. Thank you.

EXHIBIT 3

Aortic Atherosclerosis - Confidential
Gloryanne H Bryant to: Janet D Franklin
Cc: Nancy J Andersen, Dawna M Toews
Default custom expiration date: 03/02/2015

03/09/2012 02:38 PM

Janet, I'm not sure I should even email you about this.....So now another question about this issue of Aortic Atherosclerosis.....hearing from Dr Bliss this afternoon ... he just told us that "aortic atherosclerosis" is always significant and a risk factor so thus they will teach the MDs to document that so it will be coded.

So the clinical documentation improvement (CDI) program will query for significance if it's not there.
Of course AA it's an HCC too.
I'm a little troubled by this approach and I believe Nancy is also.
Maybe we should ask Dr Bliss about the clinical studies that indicate ANY degree of aortic atherosclerosis puts the patient at risk?

Gloryanne Bryant, RHIA, CCS, CCDS
Certified ICD-10-CM/PCS Trainer
Regional Managing Director HIM
NCAL Revenue Cycle
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510 625-5701 (fax)
Admin Asst: Shirley Palmer #510 625 4945
email: Gloryanne.h.bryant@kp.org
Please visit the NCAL HIM resources, tools and information online at our wiki:
http://wiki.kp.org/wiki/x/fYDGBQ
BRING SAFETY TO WORK: Know the Basics; Look for Causes; Let Someone Know; Work Safely; and Ask For Help
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EXHIBIT 4

Re: Fw: phi -- addending aortic atherosclerosis

Gloryanne H Bryant to: Anne V Cadwell, Rebecca J Robinson 12/03/2012 03:36 PM

Cc: David Bliss, David L Nyburg, Diane Ott, Karen Graham, Sylvia Delacadena, Victoria M Hernandez

Default custom expiration date: 03/02/2015

Hi there, yes we can discuss this specific documentation and coding situation. Rebecca can you set up a mtg to discuss this. I believe this week is packed, so maybe early next week would work.

Gloryanne Bryant, RHIA, CCS, CDIP, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
Regional Managing Director HIM
NCAL Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
1800 Harrison St. 24th Floor, Oakland, CA 94612
510 625-3980 (tel)
510 625-5701 (fax)
email: Gloryanne.h.bryant@kp.org
Please visit the NCAL HIM resources, tools and information online at our wiki:
http://wiki.kp.org/wiki/x/fYDGBQ
BRING SAFETY TO WORK: Know the Basics; Look for Causes; Let Someone Know; Work Safely; and Ask For Help
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Anne V Cadwell Hi Gloryanne and Victoria It seems that we conti... 12/03/2012 11:45:50 AM

From: Anne V Cadwell/CA/KAIPERM
To: Gloryanne H Bryant/CA/KAIPERM, Victoria M Hernandez/CA/KAIPERM@KAIPERM
Cc: Sylvia Delacadena/CA/KAIPERM@Kaiperm, David Bliss/CA/KAIPERM@KAIPERM, Karen Graham/CA/KAIPERM@Kaiperm, David L Nyburg/CA/KAIPERM@KAIPERM, Diane Ott/PO/KAIPERM@Kaiperm
Date: 12/03/2012 11:45 AM
Subject: Fw: phi -- addending aortic atherosclerosis

Hi Gloryanne and Victoria

It seems that we continue to have communication issues at the local HIM level re Aortic Atherosclerosis. Do you think we could set up a call with all the local HIMS directors to discuss this? We are asking our physicians to do addendums to clarify any documentation. We do not want to wait until next year - as the HIMs person is suggestion below. We do want not want to perform retrospective reviews - we have worked very hard to get current on everything we do. We need to get everyone on the same page that AA is **not** an incidental finding from a clinical perspective. Can we set up a call this week?

I am arranging a call with the ED physician at GSAA - no need for you to call them.

Thanks - We really need to be aligned on this. If you have a better approach - let us know.

Anne V. Cadwell
Managing Director
The Permanente Medical Group
1950 Franklin St., 16th floor
Oakland, CA 94612
Office: 510-987-2774
Fax: 510-873-5244
Cell: 510-735-7561

Executive Assistant: Celina.M.Hodges 510-987-2771

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----- Forwarded by Anne V Cadwell/CA/KAIPERM on 12/03/2012 11:33 AM -----

From: Sylvia Delacadena/CA/KAIPERM
To: Anne V Cadwell/CA/KAIPERM@KAIPERM
Date: 12/03/2012 11:30 AM
Subject: Fw: phi -- addending aortic atherosclerosis

Here you go.....

Please advise.

Sylvia Delacadena |Manager, TPMG Business Services /Controller's Office |Office: 510.675.5544, Tie Line: 8.434.5544|Mobile: 510.427.3274

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----- Forwarded by Sylvia Delacadena/CA/KAIPERM on 12/03/2012 11:29 AM -----

From: Kamar F Braish/CA/KAIPERM
To: Christopher A Wan/CA/KAIPERM@Kaiperm
Cc: Sylvia Delacadena/CA/KAIPERM@Kaiperm, Jonathan Hall/CA/KAIPERM@KAIPERM, Ashley N Case/CA/KAIPERM@KAIPERM, Pam Grewal/CA/KAIPERM@Kaiperm, Phil Wald/CA/KAIPERM@KAIPERM, Lucy A Martinez, Scott Tafuri/CA/KAIPERM@KAIPERM, Merritt Quisumbing-Anderson/CA/KAIPERM@KAIPERM, Charles Thevnin/CA/KAIPERM
Date: 12/03/2012 09:14 AM
Subject: Re: phi -- addending aortic atherosclerosis

Hi Dr. Wan:

I agree with you so I checked with region and they confirmed that under Medicare Advantage reporting guidelines we can report HCC dx up for a year later, since MA works on a calendar year and not individual encounters, so that is allowed and that is why we can perform retrospective HCC capture. Moving forward this has to stop since we are sending bills and doing an HCC capture for Medicare so the government will be looking and comparing our data. This work should be guided by the TPMG CMS Auditors lead by Pam.

Sylvia: all additions have to be compliant and the below is not acceptable to Coding compliance. Please work with Pam before requesting physicians to add diagnosis.

I had Victoria regional coding review manager take a look at this case below and here is what she found:

After reviewing the record, no I would NOT code the 440.0 Aortic Atherosclerosis since it does not meet UHDDS definition of "other diagnosis." It appears to be an incidental finding from the radiology report and AA was not mentioned, treated or followed-up anywhere else throughout the record. In addition, the radiology report was not ordered specifically to look for AA. This would be in line with our instructions from the regional guidance memo on when to code Aortic Atherosclerosis. I'm attaching our guidance memo from March 2012 just for reference. Thanks, Kamar and let me know if I can help with anything else. Thanks.

[attachment "Coding+Guidance+Memo+-+Aortic+Atherosclerosis3.2012.pdf" deleted by Gloryanne H Bryant/CA/KAIPERM]

VICTORIA M. HERNANDEZ, RHIT, CCS, CRCR, AHIMA-Approved ICD-10-CM/PCS Trainer

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Christopher A Wan Kamar, I think we could use some guidance and... 12/01/2012 08:29:20 AM

EXHIBIT 5

Date: Wednesday, December 12, 2012
Time: 3:00 pm, Pacific Standard Time (San Francisco, GMT-08:00)
Meeting Number: 570 398 298
Meeting Password: Addending101

To start or join the online meeting

Go to
https://kponline.webex.com/kponline/j.php?ED=217792652&UID=494591302&PW=NMGY5NGViN2I0&RT=MiM0

Audio conference information

To receive a call back, provide your phone number when you join the meeting, or call the number below and enter the access code.
Call-in toll-free number (US/Canada): 1-877-668-4490
Call-in toll number (US/Canada): 1-408-792-6300
Global call-in numbers:
https://kponline.webex.com/kponline/globalcallin.php?serviceType=MC&ED=217792652&tollFree=1
Toll-free dialing restrictions: http://www.webex.com/pdf/tollfree_restrictions.pdf

Access code:570 398 298

For assistance
---
1. Go to https://kponline.webex.com/kponline/mc
2. On the left navigation bar, click "Support".
To add this meeting to your calendar program (for example Microsoft Outlook), click this link:
https://kponline.webex.com/kponline/j.php?ED=217792652&UID=494591302&ICS=MS&LD=1&RD=2&ST=1&SHA2=tvhLf7pG0bcADfA6DZd0zsx6A6pmjnO2yjbyrz11kL4=

To check whether you have the appropriate players installed for UCF (Universal Communications Format) rich media files, go to https://kponline.webex.com/kponline/systemdiagnosis.php.

http://www.webex.com

CCM:+14087926300x570398298#

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Anne V Cadwell Hi Gloryanne and Victoria It seems that... 12/03/2012 11:45:50 AM

From: Anne V Cadwell/CA/KAIPERM
To: Gloryanne H Bryant/CA/KAIPERM, Victoria M Hernandez/CA/KAIPERM@KAIPERM
Cc: Sylvia Delacadena/CA/KAIPERM@Kaiperm, David Bliss/CA/KAIPERM@KAIPERM, Karen Graham/CA/KAIPERM@Kaiperm, David L Nyburg/CA/KAIPERM@KAIPERM, Diane Ott/PO/KAIPERM@Kaiperm

Date: 12/03/2012 11:45 AM
Subject: Fw: phi -- addending aortic atherosclerosis

Hi Gloryanne and Victoria

It seems that we continue to have communication issues at the local HIM level re Aortic Atherosclerosis. Do you think we could set up a call with all the local HIMS directors to discuss this? We are asking our physicians to do addendums to clarify any documentation. We do not want to wait until next year - as the HIMs person is suggestion below. We do want not want to perform retrospective reviews - we have worked very hard to get current on everything we do. We need to get everyone on the same page that AA is not an incidental finding from a clinical perspective. Can we set up a call this week?

I am arranging a call with the ED physician at GSAA - no need for you to call them.

Thanks - We really need to be aligned on this. If you have a better approach - let us know.

Anne V. Cadwell
Managing Director
The Permanente Medical Group
1950 Franklin St., 16th floor
Oakland, CA 94612
Office: 510-987-2774
Fax: 510-873-5244
Cell: 510-735-7561

Executive Assistant: Celina.M.Hodges 510-987-2771

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----- Forwarded by Anne V Cadwell/CA/KAIPERM on 12/03/2012 11:33 AM -----

From: Sylvia Delacadena/CA/KAIPERM
To: Anne V Cadwell/CA/KAIPERM@KAIPERM
Date: 12/03/2012 11:30 AM
Subject: Fw: phi -- addending aortic atherosclerosis

Here you go.....

Please advise.

Sylvia Delacadena |Manager, TPMG Business Services /Controller's Office |Office: 510.675.5544, Tie Line: 8.434.5544|Mobile: 510.427.3274

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----- Forwarded by Anne V Cadwell/CA/KAIPERM on 12/03/2012 11:33 AM -----

From: Sylvia Delacadena/CA/KAIPERM
To: Anne V Cadwell/CA/KAIPERM@KAIPERM
Date: 12/03/2012 11:30 AM
Subject: Fw: phi -- addending aortic atherosclerosis

Here you go.....

Please advise.

Sylvia Delacadena |Manager, TPMG Business Services /Controller's Office |Office: 510.675.5544, Tie Line: 8.434.5544|Mobile: 510.427.3274

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----- Forwarded by Sylvia Delacadena/CA/KAIPERM on 12/03/2012 11:29 AM -----

From: Kamar F Braish/CA/KAIPERM
To: Christopher A Wan/CA/KAIPERM@Kaiperm
Cc: Sylvia Delacadena/CA/KAIPERM@Kaiperm, Jonathan Hall/CA/KAIPERM@KAIPERM, Ashley N Case/CA/KAIPERM@KAIPERM, Pam Grewal/CA/KAIPERM@Kaiperm, Phil Wald/CA/KAIPERM@KAIPERM, Lucy A Martinez, Scott Tafuri/CA/KAIPERM@KAIPERM, Merritt Quisumbing-Anderson/CA/KAIPERM@KAIPERM, Charles Thevnin/CA/KAIPERM
Date: 12/03/2012 09:14 AM
Subject: Re: phi -- addending aortic atherosclerosis

Hi Dr. Wan:

I agree with you so I checked with region and they confirmed that under Medicare Advantage reporting guidelines we can report HCC dx up for a year later, since MA works on a calendar year and not individual encounters, so that is allowed and that is why we can perform retrospective HCC capture. Moving forward this has to stop since we are sending bills and doing an HCC capture for Medicare so the government will be looking and comparing our data. This work should be guided by the TPMG CMS Auditors lead by Pam.

Sylvia: all additions have to be compliant and the below is not acceptable to Coding compliance. Please work with Pam before requesting physicians to add diagnosis.

I had Victoria regional coding review manager take a look at this case below and here is what she found:

After reviewing the record, no I would NOT code the 440.0 Aortic Atherosclerosis since it does not meet UHDDS definition of "other diagnosis." It appears to be an incidental finding from the radiology report and AA was not mentioned, treated or followed-up anywhere else throughout the record. In addition, the radiology report was not ordered specifically to look for AA. This would be in line with our instructions from the regional guidance memo on when to code Aortic Atherosclerosis. I'm attaching our guidance memo from March 2012 just for reference. Thanks, Kamar and let me know if I can help with anything else. Thanks.

[attachment "Coding+Guidance+Memo+-+Aortic+Atherosclerosis3.2012.pdf" deleted by Gloryanne H Bryant/CA/KAIPERM]

VICTORIA M. HERNANDEZ, RHIT, CCS, CRCR, AHIMA-Approved ICD-10-CM/PCS Trainer

Kamar F. Braish, B. S., RHIT
HIM DIRECTOR
Greater Southern Alameda Service Area
27400 Hesperian Blvd. Hayward, CA 94545
Phone: 510-784-4242 Cell: 510-460-0852
Fax: 510-784-6219
Email: Kamar.F.Braish@kp.org

Staff Assistant: Desrinique Jordan
Phone: 510-784-4384
Tie-line: 8-430
Fax: 510-784-4884
Email: Desrinique.L.Jordan@kp.org

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Christopher A Wan Kamar, I think we could use some gui... 12/01/2012 08:29:20 AM

From: Christopher A Wan/CA/KAIPERM
To: Kamar F Braish/CA/KAIPERM@KAIPERM
Date: 12/01/2012 08:29 AM
Subject: phi -- addending aortic atherosclerosis

Kamar,

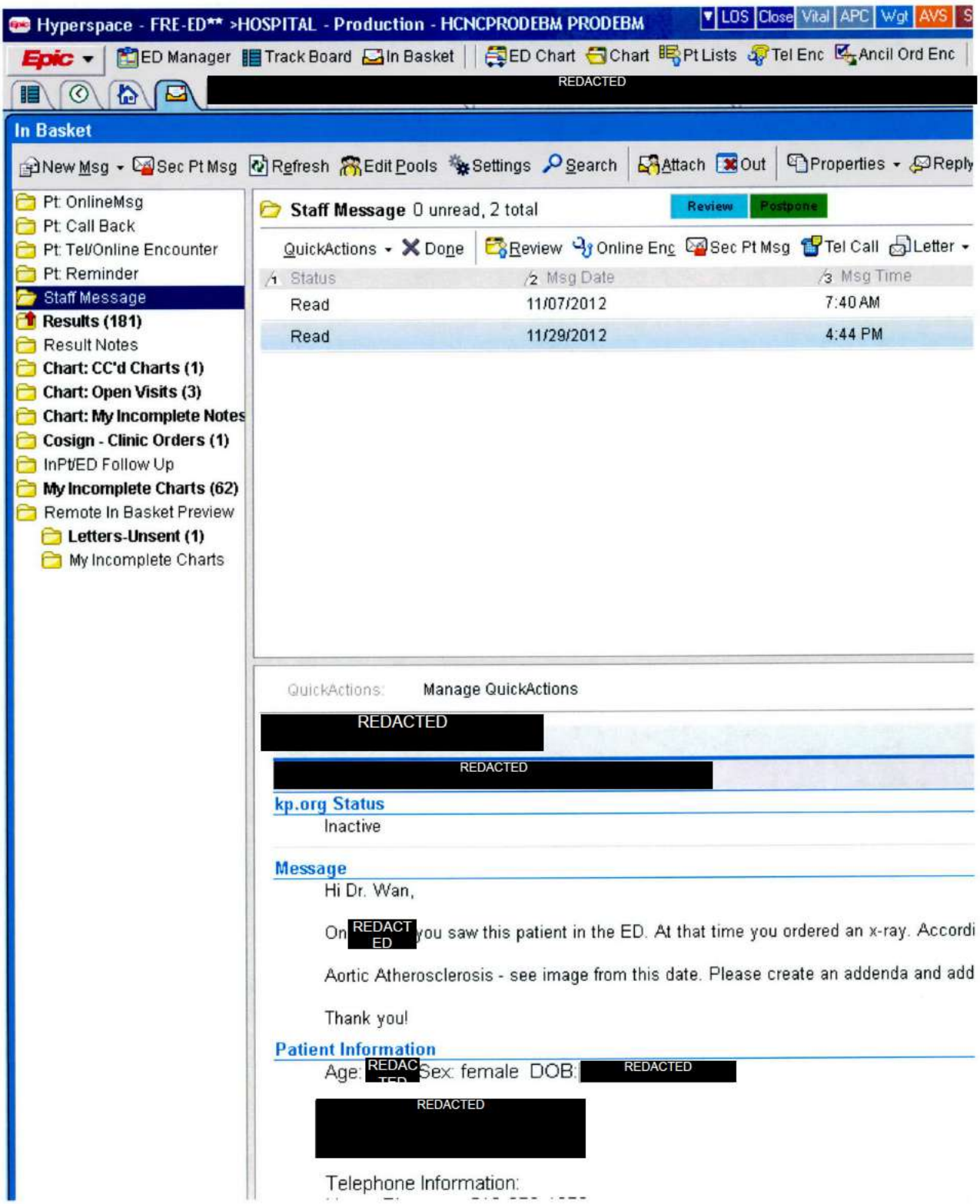
I think we could use some guidance and perhaps some clarity on these requests coming from coding -- do you know who could help us understand better?

In this case -- I'm being asked to add in a diagnosis on an ED chart from 3/2012 (about 8 months ago) for a diagnosis that we don't really make in the ER -- and one that doesn't even officially get read by the radiologist until after the patient has left.

What I'm looking for is some reassurance that this in no way would be considered fraud or inappropriate -- because of the length of time the information is entered, and simply also that it's not a diagnosis that we make in the ER, and the official readings that come from radiology won't come back for 1 or 2 days -- so the finding really has no impact on our ER care.

If I can get reassurance, I'm more than happy to enter the information -- but because of the concerns -- I'm sure I share this with many ER physicians.

If Joint Commission or Medicare came in to audit the cases and they saw this -- would they have any concerns or issues?


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Epic
ED Manager Track Board In Basket ED Chart Chart Pt Lists Tel Enc Ancil Ord Enc
REDACTED
In Basket
New Msg Sec Pt Msg Refresh Edit Pools Settings Search Attach Out Properties Reply
Pt: OnlineMsg
Pt: Call Back
Pt: Tel/Online Encounter
Pt: Reminder
Staff Message
Results (181)
Result Notes
Chart: CC'd Charts (1)
Chart: Open Visits (3)
Chart: My Incomplete Notes
Cosign - Clinic Orders (1)
InPt/ED Follow Up
My Incomplete Charts (62)
Remote In Basket Preview
Letters-Unsent (1)
My Incomplete Charts
Staff Message 0 unread, 2 total
Review
Postpone
QuickActions Done Review Online Enc Sec Pt Msg Tel Call Letter
Status
Msg Date
Msg Time
Read
11/07/2012
7:40 AM
Read
11/29/2012
4:44 PM
QuickActions: Manage QuickActions
REDACTED
REDACTED
kp.org Status
Inactive
Message
Hi Dr. Wan,
On REDACTED you saw this patient in the ED. At that time you ordered an x-ray. Accordi
Aortic Atherosclerosis - see image from this date. Please create an addenda and add
Thank you!
Patient Information
Age: REDACTED Sex: female DOB: REDACTED
REDACTED
Telephone Information:

Just want to get your affirmation that this process is appropriate.

Chris

EXHIBIT 6

Gloryanne Bryant <gloryanneb@sbcglobal.net>
To
victoriamhernandez@yahoo.com
Apr 21 at 2:09 PM
TPMG
gloryanneb@sbcglobal.net

--- On Wed, 12/5/12, <Gloryanne.H.Bryant@kp.org> wrote:

> From: <Gloryanne.H.Bryant@kp.org>
> Subject: Fw: PLEASE APPROVE_NEW SMARTPHRASE FOR AORTIC ATHEROSCLEROSIS
> To: gloryanneb@sbcglobal.net
> Date: Wednesday, December 5, 2012, 12:05 PM
>
>
> Rebecca J Lange
>
> -----
> Original Message -----
>
> From: Rebecca J Lange
>
> Sent: 12/05/2012 10:36 AM
> PST
>
> To: Gloryanne Bryant; Roderick Madamba; Victoria Hernandez
>
> Cc: HIM Directors NCAL-KPNC
>
> Subject: Fw: PLEASE APPROVE_NEW
> SMARTPHRASE FOR AORTIC ATHEROSCLEROSIS
>
> Good morning,
>
>
>
>
> Is this a local, facility decision whether to approve and use "SMARTPHRASES"
> ? Will everyone implement this
> "Aortic Atherosclerosis" phrase ?
>
>>
> Thank you,
>
> Rebecca Lange, RHIA, CRCR, Director
>
>

>
> Health Information Management and Operator Services
> Kaiser Foundation Hospital San Francisco
> 2425 Geary Blvd, M110
> San Francisco, CA 94115
> Office: (415) 833-3823 Cell: (415) 243-6962
> Tie Line: 8-493-3823 Fax: (415) 833-3821
> Pager: (415) 201-3757
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> Thank you.
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>
>
> -----
> Forwarded by Rebecca J Lange/CA/KAIPERM on 12/05/2012 10:30
> AM -----
>
>
>
> From: Joel Cho/CA/KAIPERM
>
> To: Rebecca J Lange/CA/KAIPERM
>
> Date: 12/04/2012 10:13 PM
>
> Subject: FW: PLEASE APPROVE_NEW SMARTPHRASE FOR
> AORTIC ATHEROSCLEROSIS
>
>
>
>
>
>
> Rebecca,

> Please see below. What do you think?
>

> Joel

> Sent with Good (www.good.com)

> ----- Forwarded by

> Joel Cho/CA/KAIPERM on 12/04/2012 10:12:58
> PM-----
> -------- Original Message --------
>
>
>
> From : Erica E Eastham/CA/KAIPERM
>
> To : EIO Field Trainers-KPPO, EIO DQ Auditors-KPNC, CMS
> Proj Mgrs List-KPNC, Doc Code Phys Leads-KPNC
>
> Cc : EIO Mgt Team-KPNC-OAK
>
> Sent on : 12/04 10:01:39 PM PST
>
> Subject : PLEASE APPROVE_NEW SMARTPHRASE FOR AORTIC
> ATHEROSCLEROSIS
>
>
>
> Audience: EIO Field Trainers-KPPO, EIO DQ
> Auditors-KPNC, CMS Proj Mgrs List-KPNC, Doc Code Phys
> Leads-KPNC,
>
> Communication: Update on SmartPhrase
> addition
>
> Effective: 12/3/12
>
>
>
> Hello,
>
> I have great news!
> The SmartPhrase that was originally shared as a
> 'best practice' from the NVA is now available in the
> regional library of SmartPhrases for NCAL, making it
> accessible to all NCAL clinicians. Below are the
> details of the addition, the updated addenda job aid and a
> few screenshots to illustrate use and the wording.
>
>
> .
>
> Please contact me if you have any questions.
>
>
>

> (See attached file: Addenda Job Aid v5.doc)
>
> SmartPhrase Name: .AORTICATHEROSCLEROSIS
>
>> SmartPhrase Wording:
>
>
> Aortic Atherosclerosis noted on review of the radiology exam associated with chart
> review and this visit. Will follow longitudinally as an independent risk factor for CVD and CVA, with management per
> standard risk factor controls over time by PCP or appropriate specialist
>
> Thanks,
>
> Erica
>
>
> Erica E. Eastham, CCS-P
> AHIMA Approved ICD-10-CM/PCS Trainer
> Director, Documentation Quality Training
> The Permanente Medical Group, Inc.
> Encounter Information Operations
> 1950 Franklin St. Oakland, CA. 94612
> Desk line @ 1950 Franklin (510) 987-2419, tie 8-427
> Desk line @ 2829 Watt Ave (916) 979-3570
> Cell (510) 414-4774
> Assistant: Sharonda R Morris (510) 987-4452
>
>
>
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> Thank you.
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>

EXHIBIT 7

Re: Fw: Followup on Aortic Atherosclerosis - coding guidance nat'l
Gloryanne H Bryant to: Janet D Franklin 01/11/2013 02:52 PM
Cc: Nancy J Andersen, Victoria M Hernandez, Carolyn J Mar
Default custom expiration date: 03/02/2015

We've already addressed this internally in the region and had TPMG work with us on understanding the clinical significance of this condition.
TPMG takes the position that once AA is present it never goes away and is then a life long risk factor. In addition, the condition will continue to evolve without medical treatment or intervention, which could include, stop smoking, diet, eat healthy, decrease cholesterol, exercise, take aspirin, take prescribed meds ie statins, Thus the treatment could be any of these.
We looked at this criteria and definition and AA does meet these.

- Is always present, even though it may have been stabilized; (cannot be resolved, eradicated, or removed) AND
- By its very nature (because of its impact on the patient), requires that it be considered by the physician in evaluating the patient's chief complaint; AND
- The condition affects a major body system (and typically, more than one major body system)

We (NCAL) do believe that AA meets the criteria to be reportable and does impact care and decision making.

To go further with this discussion I believe needs individual with greater clinical knowledge like physicians and would invite TPMG ie Dr David Bliss) to discuss this further.

Gloryanne Bryant, RHIA, CCS, CDIP, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
Regional Managing Director HIM
NCAL Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
1800 Harrison St. 24th Floor, Oakland, CA 94612
510 625-3980 (tel)
510 625-5701 (fax)
email: Gloryanne.h.bryant@kp.org
Please visit the NCAL HIM resources, tools and information online at our wiki:
http://wiki.kp.org/wiki/x/fYDGBQ
BRING SAFETY TO WORK: Know the Basics; Look for Causes; Let Someone Know; Work Safely; and Ask For Help
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Janet D Franklin Hi Nancy, Per our phone conversation today, I a... 01/11/2013 02:34:49 PM

From: Janet D Franklin/PO/KAIPERM
To: Nancy J Andersen/CA/KAIPERM@KAIPERM
Cc: Gloryanne H Bryant/CA/KAIPERM@KAIPERM, Victoria M Hernandez/CA/KAIPERM@KAIPERM, Carolyn J Mar/PO/KAIPERM@KAIPERM
Date: 01/11/2013 02:34 PM
Subject: Re: Fw: Followup on Aortic Atherosclerosis - coding guidance nat'l

Hi Nancy,

Per our phone conversation today, I am responding to your e-mail below and adding additional comments related to the copy/paste function for radiology reports, Coding Clinic regarding incidental findings and dot phrases.

1. Systemic condition

I would find it had to qualify aortic atherosclerosis as meeting the definition of a systemic condition, particularly the requirement that by it's very nature, it requires the provider to consider it regardless of the reason for the encounter.

Definition

- Is always present, even though it may have been stabilized; (cannot be resolved, eradicated, or removed) AND
- By its very nature (because of its impact on the patient), requires that it be considered by the physician in evaluating the patient's chief complaint; AND
- The condition affects a major body system (and typically, more than one major body system)

2. Always Code List

It would be inappropriate to add this condition to the Always Code List. That list is to be referenced only after the following two questions has been answered by the coder, 1) Is it a systemic condition? If yes, the condition should be coded. If no then 2) Does the documentation support that the condition impacted the encounter? If yes, the condition should be coded. Only if the answer is no to both questions, would the coder reference the always code list. The always code list contains those conditions that KP feels should always be coded even when they do not impact the encounter. As such, the only diagnoses allowed to be on this list are those that have no financial impact. Otherwise, we would have a written document instructing coders to add codes that impact reimbursement for conditions that did not impact the encounter resulting in reimbursement to which KP is not entitled.

The last time I reviewed this list, we carefully checked to make sure that there were no conditions listed on the Always Code List where the codes would result in increased reimbursement, either from a DRG perspective or from an HCC perspective. Aortic atherosclerosis maps to both a CMS-HCC and an RxHCC resulting in additional reimbursement and cannot be added to this list.

3. Copy/paste

If the provider copy/pastes a radiology report into their note, the fact that the radiology report mentions a finding of aortic atherosclerosis is, on it's own, insufficient to code the condition for a couple of reasons

- Physicians will tell us that they copy/paste a note into a record because they agree with the findings. They also tell us that they copy/paste the report into their note to have it front of them as a reference, but the copy/paste activity does not imply their agreement with the diagnosis and because of that, they should not be required to assign a visit diagnosis (with resulting code) for the condition nor should they be dinged on an audit because their visit diagnosis did not accurately reflect the documentation in the copy/pasted note. Basically, we have a function where, without additional documentation, we cannot determine the intent/purpose of the use.

- If the finding of aortic atherosclerosis was incidental to the reason for the test (e.g. chest x-ray for pneumonia), then based on Coding Clinic guidelines, it cannot be coded unless the provider indicates the significance of the finding.

[redacted]

[redacted]

Thanks,

Janet (don't forget the) D Franklin

Janet D Franklin, RHIT, CCS, CCS-P, CHC
AHIMA Approved ICD-10-CM/PCS Trainer
Compliance Manager, Government Audit and Reimbursement
National Compliance, Ethics & Integrity Office
Office: 8-423-5735, 510-271-5735
Cell: 510-918-8125
Fax: 8-423-5039, 510-891-5039

Admin Assistant: Elizabeth Styles-Bartlett
8-423-6831, 510-271-6831

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Nancy J Andersen Hi Janet, I know we discussed this request previ... 12/19/2012 10:06:56 AM

From: Nancy J Andersen/CA/KAIPERM
To: Janet D Franklin/PO/KAIPERM@KAIPERM
Cc: Gloryanne H Bryant/CA/KAIPERM
Date: 12/19/2012 10:06 AM
Subject: Fw: Followup on Aortic Atherosclerosis - coding guidance nat'l

Hi Janet,

I know we discussed this request previously, however in researching atherosclerosis I am finding it described as a "systemic disease" and I'm wondering if aortic atherosclerosis should therefore also be considered a systemic disease. I also believe that atherosclerosis is considered a chronic condition; once a patient has it it doesn't go away (such as CAD).

Per AHA Coding Clinic:
"Chronic conditions such as, but not limited to, hypertension, Parkinson's disease, COPD, and diabetes mellitus are chronic systemic diseases that ordinarily should be coded even in the absence of documented intervention or further evaluation. Some chronic conditions affect the patient for the rest of his or her life and almost always require some form of continuous clinical evaluation or monitoring during hospitalization, and therefore should be coded. This advice applies to inpatient coding."

I am unclear whether aortic atherosclerosis is in the same category those mentioned in Coding Clinic in terms of the affect this condition has on the patient for the rest of their life. Should we look for input from a physician champion such as Internal Medicine and/or Vascular Surgeon? I'd really like to put this question to bed once and for all.

Thanks,

Nancy J. Andersen, MS, RHIA, CCS, CRCR, AHIMA-Approved ICD-10-CM/PCS Trainer
Senior Compliance Manager, Care Delivery and Health Information Management
National Compliance, Ethics and Integrity Office
Kaiser Foundation Health Plan, Inc.
One Kaiser Plaza, 12th Floor
Oakland, CA 94612
Blackberry: 510-418-2455
nancy.j.andersen@kp.org

Embed a culture of compliance across the care delivery enterprise that inspires the highest level of ethics and integrity

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---- Forwarded by Nancy J Andersen/CA/KAIPERM on 12/18/2012 03:51 PM ----

From:	Gloryanne H Bryant/CA/KAIPERM
To:	Nancy J Andersen/CA/KAIPERM@KAIPERM
Cc:	Victoria M Hernandez/CA/KAIPERM@KAIPERM
Date:	12/14/2012 05:30 AM
Subject:	Followup on Aortic Atherosclerosis - coding guidance nat'l

Nancy in followup on the NCAL call relating to the documentation and capture of Dx Aortic Atherosclerosis, we'd like to bring this issue to the coding governance and consideration of inclusion in the "always" code list. We do understand that AA may not be systemic but still would like some guidance. thank you.

Gloryanne Bryant, RHIA, CCS, CDIP, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
Regional Managing Director HIM
NCAL Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
1800 Harrison St. 24th Floor, Oakland, CA 94612
510 625-3980 (tel)
510 625-5701 (fax)
email: Gloryanne.h.bryant@kp.org
Please visit the NCAL HIM resources, tools and information online at our wiki:
http://wiki.kp.org/wiki/x/fYDGBQ
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EXHIBIT 8

AA presentation

Sherry A Davis to: Gloryanne H Bryant, Victoria M Hernandez 01/10/2013 12:44 PM

Default custom expiration date: 03/02/2015

History: This message has been replied to.

Here's my copy of the presentation with my notes. Also, I tried to capture all the questions and answers on the last page.

Documentation & Coding Aortic Atheroscl 1.2013 final.pdf

Sherry A. Davis, RHIA
Interim Regional Director of Hospital Coding

KAISER PERMANENTE thrive

1800 Harrison St. 24th Fl, Oakland, CA 94612
E-mail Sherry A. Davis
revenueCYCLE

510-625-3031
8-428-3031 tie line
510-625-5696 fax

Visit Revenue Cycle Wiki

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Documentation and Coding Aortic Atherosclerosis Clarification

Conference Call

January 2013

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Background

TPMG has been working on identifying (diagnosing) Aortic Atherosclerosis as part of early detection and quality of care.

Failure to capture and document chronic conditions will adversely affect our ability to care for our members.

Diagnosing "Aortic Atherosclerosis" is good patient care.

VH00054

Physician Training: Diagnosis specificity- Aortic Atherosclerosis

Area of significant missed opportunity

Be sure to add the Aortic Atherosclerosis diagnosis to an encounter when reviewing imaging. Due to the high incident of missed opportunity, the below process has been implemented.

Review and Capture Process Radiologist documents calcification in Aorta in Impression

Treating or Ordering Physician Captures Diagnosis

- Reviews Radiology Impression Note
- Addends an ED visit and adds Aortic Atherosclerosis diagnosis

VH00055

New Approved Dot Phrase to Help

Aortic Atherosclerosis

Aortic Atherosclerosis noted on review of the radiologist exam associated with chart reviewed this visit. Will follow longitudinally as an independent risk factor for CVD and CVA, with management per standard risk factor controls over time by PCP or appropriate specialist.

VH00056

PRE-PROCEDURE ASSESSMENT

Unspecified Hemorrhage of GI Tract

Lxxxx M Bxxxx is a xx YO male

The past and present medical history of this patient were reviewed on 9/9/2099, including past relevant consultation notes. Results of relevant diagnostic tests were examined. The patient's past anesthesia experience was reviewed.... Medications being taken currently as well as medication allergies were also reviewed.

Last Oral Intake: 6 pm

Physical Exam:

A physical exam was performed on 1/3/2012. Vital signs were reviewed, and pertinent exam findings are as follows.....

Procedural Sedation Plan: IV versed and fentanyl

Intended Level of Sedation: II (Moderate/Conscious Sedation)

Informed consent regarding .....

Additional / Pertinent Clinical or Lab Data: No significant findings ....

ASA Rating: 2

Will proceed as planned.

Current Medical History:

DM2 w Diabetic CKD3

Hyperlipidemia

Hyperthyroidism

Hypertension

GERD

Migrane

Aortic Atherosclerosis

I have confirmed with the patient and/or the medical record the presence of the above diagnoses, and the diagnoses are followed by his or her PCP or appropriate specialist.

PAUL T KEFALIDES MD

For outpatient procedures (GI/PMR), are there specific documentation guidelines to provide the MD's as a way to capture conditions that can be coded by HIMS per coding guidelines?

Clinical Aspects: Arteriosclerosis/Atherosclerosis

Clinical Definition:

Arteriosclerosis is a general term for several disorders that cause thickening and loss of elasticity in the arterial wall.

- Atherosclerosis, is the most common form of this disorder and is the most serious because it causes coronary artery disease (CAD) and cerebrovascular disease.
- Sometimes referred to as: "Hardening of the arteries"

VH00058

Clinical Aspects: Etiology of Atherosclerosis

- Atherosclerotic plaque- a collection of lipids, cholesterol, inflammatory cells, smooth muscle cells, connective tissue, thrombi, and Calcium deposits.
  - Stable plaque grow slowly or remain static until they may cause stenosis or occlusion
  - Unstable plaque cause thrombosis, occlusion, and infarction
- All stages of atherosclerosis are considered an inflammatory response to injury particularly the endothelial.
- Specific areas of the arterial tree are affected more than others due to turbulent blood flow.
- Atherosclerosis is a chronic disease
- Note: Atherosclerosis is one of the major causes of abdominal aortic aneurysm.

VH00059

Clinical Aspects: Risk Factors for Atherosclerosis

- Dyslipidemia (high LDL, low HDL): high cholesterol
- Diabetes
- Smoking
- Obesity
- Metabolic Syndrome (abdominal obesity, along with at least 2 of the following: dyslipidemia, hypertension, insulin resistance)
- Hyperinsulinemia
- Prothrombotic states
- Hypertension
- Renal insufficiency
- Systemic infections
- Age
- Family history
- Sedentary lifestyle

VH00060

Clinical Aspects: Atherosclerosis Signs & Symptoms (Dr. Bliss)

VH00061

Coding and Reporting

(Gloryanne)

CODING OF SECONDARY CONDITIONS

General Information

The guidelines for the coding of secondary diagnoses have been clarified in order to ensure consistency in accurately assigning appropriate secondary diagnosis codes.

Per CODING CLINIC, the definition for "other diagnoses" includes additional conditions that affect patient care in terms of requiring:

clinical evaluation; or
therapeutic treatment; or
diagnostic procedures; or
extended length of hospital stay; or
increased nursing care and/or monitoring

Systemic diseases (e.g., diabetes mellitus, hypertension, Parkinson's disease – see List A) are always coded, even in the absence of documented active intervention since these types of conditions meet one or more of the elements of the definition given above. (Coding Clinic, Second Quarter, 1990, page 14.)

Note: you only need one of the criteria for "other diagnosis" reporting.

VH00062

Coding and Reporting

AHA Coding Clinic

Systemic diseases (e.g., diabetes mellitus, hypertension, Parkinson's disease) are always coded, even in the absence of documented active intervention since these types of conditions meet one or more of the elements of the definition given above. (Coding Clinic, Second Quarter, 1990, page 14.)

Note: e.g. means example, thus is list is only an example of systemic diseases

VH00063

Coding and Reporting

AHA Coding Clinic 3rd Qtr- 2007

Chronic conditions such as, but not limited to, hypertension, Parkinson's disease, COPD, and diabetes mellitus are chronic systemic diseases that ordinarily should be coded even in the absence of documented intervention or further evaluation. Some chronic conditions affect the patient for the rest of his or her life and almost always require some form of continuous clinical evaluation or monitoring during hospitalization, and therefore should be coded. This advice applies to inpatient coding.

For outpatient encounters/visits, chronic conditions that require or affect patient care treatment or management should be coded.

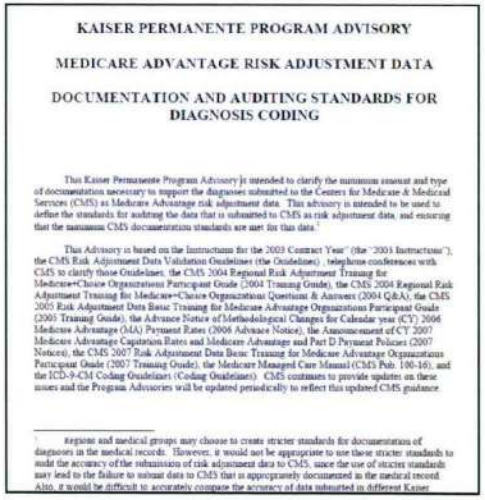
The Official Guidelines for Coding and Reporting for Outpatient Services, state, "Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the conditions(s).

"Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist." This information was previously published in *Coding Clinic*, Fourth Quarter 2006, pages 236-240.

Conversely, conditions that do not require or affect patient care, treatment or management are not reported

Kaiser Permanente MA Documentation and Coding Guidance

- According to the Coding Guidelines, certain diagnoses such as hypertension, Parkinson's disease, and diabetes mellitus are example of systemic diseases that should be coded, even in the absence of documented active interventions. [Coding Clinic, Second Quarter, 1990, p.14].
- Based on these Coding Guidelines, Kaiser has developed the following Coding and Documentation Guideline for coding of such systemic diseases for Kaiser Foundation Hospitals, referred to as the "Always Code" Guideline.



KAISER PERMANENTE PROGRAM ADVISORY

MEDICARE ADVANTAGE RISK ADJUSTMENT DATA

DOCUMENTATION AND AUDITING STANDARDS FOR DIAGNOSIS CODING

This Kaiser Permanente Program Advisory is intended to clarify the minimum amount and type of documentation necessary to support the diagnoses submitted to the Centers for Medicare & Medicaid Services (CMS) as Medicare Advantage risk adjustment data. This advisory is intended to be used to define the standards for auditing the data that is submitted to CMS as risk adjustment data, and ensuring that the minimum CMS documentation standards are met for this data.[1]

This Advisory is based on the Instructions for the 2003 Contract Year" (the "2003 Instructions"), the CMS Risk Adjustment Data Validation Guidelines (the Guidelines), telephone conferences with CMS to clarify those Guidelines, the CMS 2004 Regional Risk Adjustment Training for Medicare+Choice Organizations Participant Guide (2004 Training Guide), the CMS 2004 Regional Risk Adjustment Training for Medicare+Choice Organizations Questions & Answers (2004 Q&A), the CMS 2005 Risk Adjustment Data Basic Training for Medicare Advantage Organizations Participant Guide (2005 Training Guide), the Advance Notice of Methodological Changes for Calendar year (CY) 2006 Medicare Advantage (MA) Payment Rates (2006 Advance Notice), the Announcement of CY 2007 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies (2007 Notice), the CMS 2007 Risk Adjustment Data Basic Training for Medicare Advantage Organizations Participant Guide (2007 Training Guide), the Medicare Managed Care Manual (CMS Pub. 100-16), and the ICD-9-CM Coding Guidelines (Coding Guidelines). CMS continues to provide updates on these issues and the Program Advisories will be updated periodically to reflect this updated CMS guidance.

[1] Regions and medical groups may choose to create stricter standards for documentation of diagnoses in the medical records. However, it would not be appropriate to use these stricter standards to audit the accuracy of the submission of risk adjustment data to CMS, since the use of stricter standards may lead to the failure to submit data to CMS that is appropriately documented in the medical record. Also, it would be difficult to accurately compare the accuracy of data submitted in different Kaiser

KP MA: Documentation and Coding Reportable Systemic Conditions (con't)

Systemic diseases . . . are always coded, even in the absence of documented active intervention

Systemic conditions always to be coded include, but are not limited to, the following:

AIDS
Lupus
Atherosclerosis
Multiple sclerosis
Collagen vascular disease
Parkinson's Disease
Diabetes mellitus
Renal Failure, Chronic
Hypertension
Rheumatoid Arthritis

Kaiser Permanente MA: Documentation and Coding (con't)

The following statements further define the acceptability of the submission of "systemic conditions."

A diagnosis will always be coded and is acceptable for submission to CMS as risk adjustment data, even in the absence of expressly documented active treatment, evaluation, or intervention by the physician, if the condition meets all four of the following criteria:

1) The condition is always present, even though it may have been stabilized; AND

2) By its very nature (because of its impact on the patient), the condition must be considered by the physician in evaluating the patient's chief complaint; AND

3) The condition affects a major body system (and, typically, more than one major body system), which include the following:

- **(A) Cardiovascular;** AND/OR
- (B) Respiratory: AND/OR
- (C) Gastrointestinal; AND/OR
- (D) Renal; AND/OR
- (E) Hematologic/Lymphatic/Immunologic; AND/OR
- (F) Neurologic; AND/OR
- (G) Psychiatric; AND

4) The physician indicates that he/she considered the diagnosis by documenting the diagnosis in the medical record for the encounter.

VH00067

Kaiser Permanente "Always Code List"

Systemic Conditions - List A Examples of systemic conditions always to be coded include, but are not limited to, the following:

AIDS
Asthma, chronic obstructive
Atherosclerosis, generalized
Bronchitis, chronic obstructive
Collagen vascular disease
COPD
Diabetes mellitus
Emphysema
Hypertension
Systemic lupus erythematosus
Multiple sclerosis
Parkinson's disease
Peripheral vascular disease
Chronic kidney disease
Rheumatoid arthritis

*Note: Attending physician confirmation of clinical significance of all radiology findings is required for inpatients per Coding Clinic.

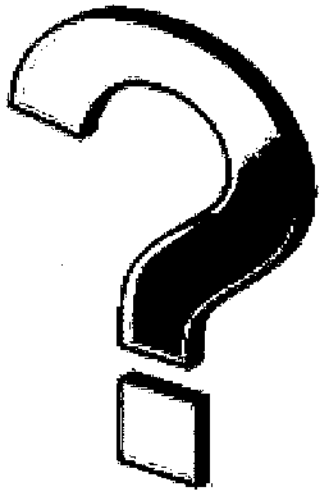
VH00068

Summary

- **Physician focus on diagnosing and documenting "Aortic Atherosclerosis"**
- **Secondary Diagnosis reporting criteria**
  - Only need one of the criteria to report dx
- **Coding Guidelines regarding Chronic Systemic Conditions**
- **KP MA Guidelines on Chronic Systemic Conditions & reporting criteria**
- **KP Always Code List**
- **Documenting and Coding "Aortic Atherosclerosis" is good patient care**

VH00069

Questions



Thank you

VH00071

EXHIBIT 9

Documentation and Coding Leads Meeting

September 13, 2011



Agenda

- Welcome & Introductions
- Seeing Patients, Maintaining Diagnoses, Data Mining & NLP
- HCCs Increased Capture
  - Diabetes Specificity
  - CKD
  - Vascular Disease: Aortic Atherosclerosis
  - Protein Calorie Malnutrition
  - Other Dx Capture Issues: Vertebral Fracture; Dementia
- Demo Medicare Advantage eCode tool
- E/M: Level of Service Coding Completion (hard stop)
  - Scope, Training & Reports
- Celebration

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2011 GOALS

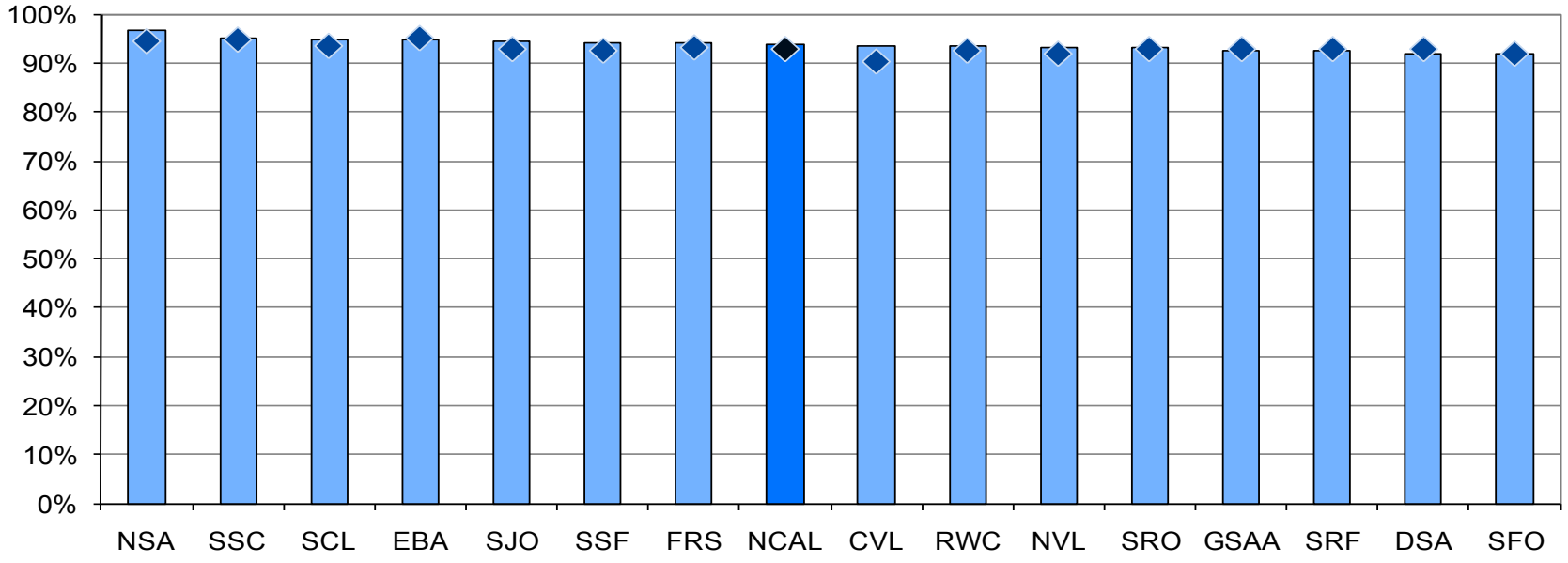
- ✓ Refresh 99% Diagnoses
- ✓ Address 99% 2010 Data Mining & NLP Conditions

Includes all inpatient, outpatient and claims-based face-to-face encounters with a qualified CMS provider

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Seeing Patients

SEEING PATIENTS WITH A CHRONIC CONDITION OR DATA MINING PROMPT
YTD 2011 / 2010 COMPARISON
Pre Period: January 1, 2008 through December 31, 2010
Post Period: January 1, 2011 through August 31, 2011 Update

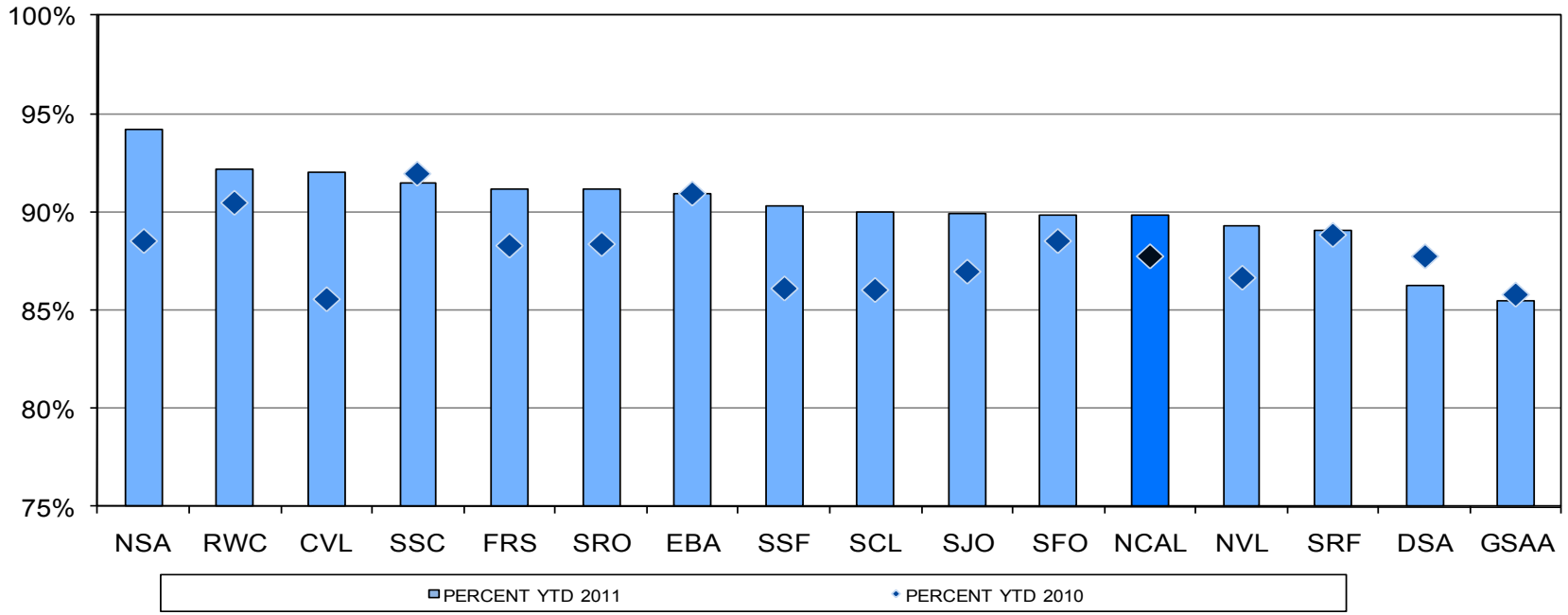


	NSA	SSC	SCL	EBA	SJO	SSF	FRS	NCAL	CVL	RWC	NVL	SRO	GSAA	SRF	DSA	SFO
MA Members With a Chronic Dx in Pre-Period OR Data Mining Prompt	21,548	16,188	29,420	25,501	17,701	14,358	16,189	334,546	18,389	11,259	52,940	16,441	21,974	16,306	40,360	15,972
MA Members With a Chronic Dx in Pre-Period OR Data Mining Prompt NOT SEEN YTD	677	776	1,503	1,331	948	815	962	20,976	1,171	741	3,603	1,121	1,593	1,200	3,225	1,310
Total % Seen YTD 2011	96.9%	95.2%	94.9%	94.8%	94.6%	94.3%	94.1%	93.7%	93.6%	93.4%	93.2%	93.2%	92.8%	92.6%	92.0%	91.8%
Total % Seen YTD 2010	94.6%	94.8%	93.5%	95.3%	92.9%	92.5%	93.2%	93.0%	90.5%	92.6%	91.8%	92.9%	93.1%	92.8%	92.8%	92.1%

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Maintaining Diagnoses

MAINTAINING ACCURATE & UP-TO-DATE DIAGNOSES
REFRESHED CHRONIC DIAGNOSES - YTD 2010 / 2011 COMPARISON
Pre Period: January 1, 2008 through December 31, 2010
Post Period: January 1, 2011 through August 31, 2011

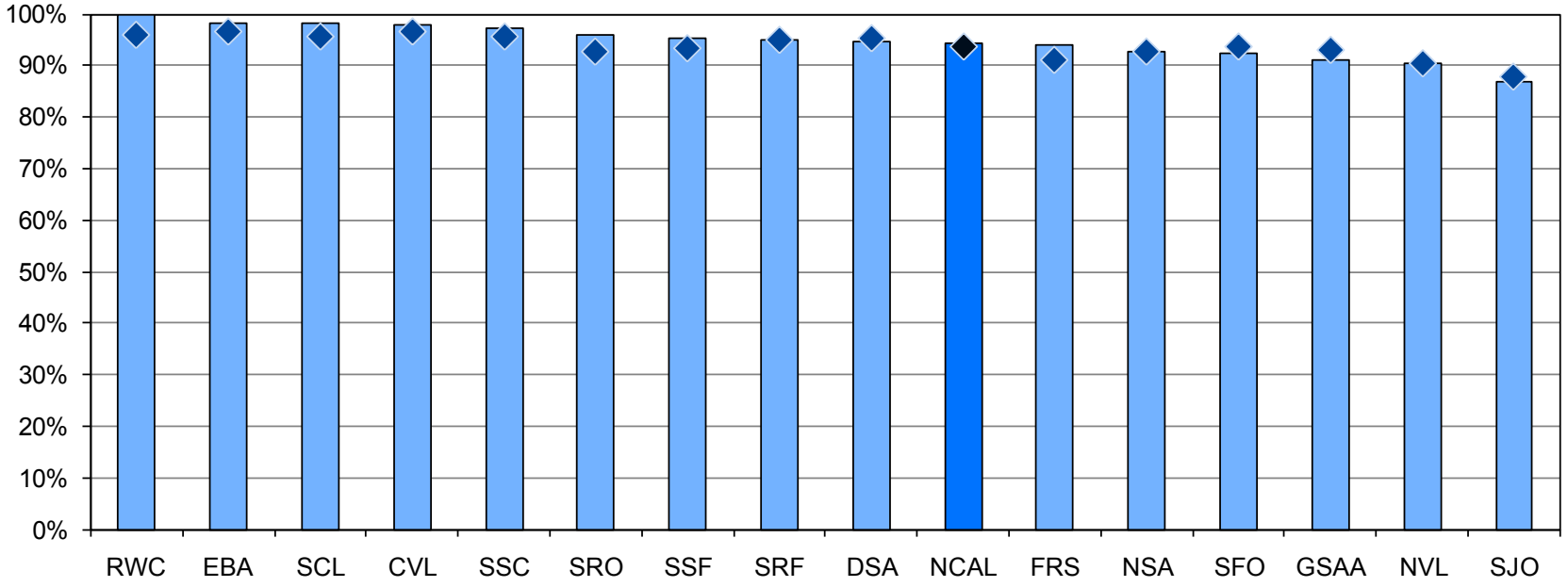


	NSA	RWC	CVL	SSC	FRS	SRO	EBA	SSF	SCL	SJO	SFO	NCAL	NVL	SRF	DSA	GSAA
TOTAL CHRONIC CMS HCC PRE PERIOD	65,986	30,371	56,536	48,992	48,384	44,886	70,923	42,172	82,657	50,769	43,840	952,413	149,406	42,563	109,324	65,604
TOTAL CHRONIC CMS HCC POST PERIOD	62,150	27,996	52,020	44,825	44,111	40,916	64,486	38,089	74,367	45,636	39,395	855,739	133,460	37,913	94,315	56,060
PERCENT YTD 2011	94.2%	92.2%	92.0%	91.5%	91.2%	91.2%	90.9%	90.3%	90.0%	89.9%	89.9%	89.8%	89.3%	89.1%	86.3%	85.5%
PERCENT YTD 2010	88.5%	90.5%	85.6%	91.9%	88.3%	88.3%	91.0%	86.1%	86.0%	87.0%	88.5%	87.8%	86.6%	88.8%	87.8%	85.8%

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Maintaining Diagnoses - ESRD

ESRD MEMBERS - MAINTAINING ACCURATE & UP-TO-DATE DIAGNOSES
REFRESHED CHRONIC DIAGNOSES - YTD 2010 / 2011 COMPARISON
Pre Period: January 1, 2008 through December 31, 2010
Post Period: January 1, 2011 through August 31, 2011

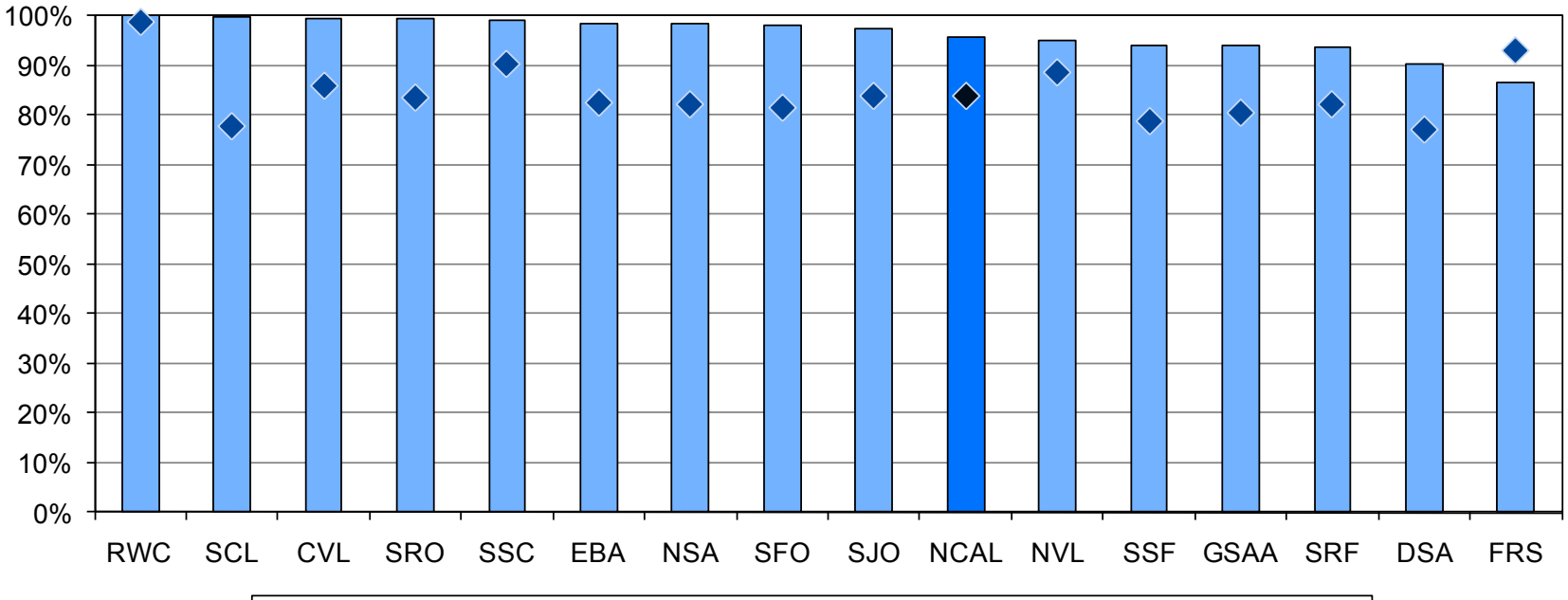


	RWC	EBA	SCL	CVL	SSC	SRO	SSF	SRF	DSA	NCAL	FRS	NSA	SFO	GSAA	NVL	SJO
TOTAL CHRONIC CMS HCC PRE PERIOD	298	1,830	1,414	1,047	1,333	469	794	300	1,820	17,103	575	1,332	1,097	1,510	2,127	1,157
TOTAL CHRONIC CMS HCC POST PERIOD	298	1,798	1,388	1,026	1,296	450	757	285	1,722	16,116	541	1,236	1,013	1,376	1,924	1,006
PERCENT YTD 2011	100.0%	98.3%	98.2%	98.0%	97.2%	95.9%	95.3%	95.0%	94.6%	94.2%	94.1%	92.8%	92.3%	91.1%	90.5%	86.9%
PERCENT YTD 2010	96.1%	96.7%	95.6%	96.5%	95.7%	92.7%	93.2%	94.9%	95.2%	93.6%	91.0%	92.8%	93.7%	93.0%	90.4%	88.0%

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Maintaining Diagnoses - SNF

SNF MEMBERS - MAINTAINING ACCURATE & UP-TO-DATE DIAGNOSES
REFRESHED CHRONIC DIAGNOSES - YTD 2010 / 2011 COMPARISON
Pre Period: January 1, 2008 through December 31, 2010
Post Period: January 1, 2011 through August 31, 2011



	RWC	SCL	CVL	SRO	SSC	EBA	NSA	SFO	SJO	NCAL	NVL	SSF	GSAA	SRF	DSA	FRS
TOTAL CHRONIC CMS HCC PRE PERIOD	143	1,088	546	342	514	1,086	493	251	423	9,896	1,928	291	744	599	803	645
TOTAL CHRONIC CMS HCC POST PERIOD	143	1,087	544	340	509	1,071	485	246	412	9,488	1,831	274	700	562	726	558
PERCENT YTD 2011	100.0%	99.9%	99.6%	99.4%	99.0%	98.6%	98.4%	98.0%	97.4%	95.9%	95.0%	94.2%	94.1%	93.8%	90.4%	86.5%
PERCENT YTD 2010	98.9%	77.8%	85.8%	83.7%	90.3%	82.5%	82.0%	81.4%	84.0%	83.9%	88.8%	78.9%	80.6%	82.3%	77.1%	93.1%

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Data Mining by Medical Center

Data Mining Facility Report - By Medical Center - Data Extracted 9/4/2011

DM Condition: (ALL)

Data Mining Condition:	(Multiple Items)

MEDICAL CENTER	DATA MINING DIAGNOSES RELEASED	DATA MINING Dx ASSIGNED	DATA MINING Dx STOP PROMPT	TOTAL ADDRESSED	% ASSIGNED	% STOP PROMPT	% ADDRESSED	REMAINING DATA MINING DIAGNOSES	% OF REMAINING DATA MINING DIAGNOSES
(CVL) Central Valley	519	366	40	406	90.1%	9.9%	78.2%	113	21.8%
(DSA) Diablo Service Area	961	543	141	684	79.4%	20.6%	71.2%	277	28.8%
(EBA) East Bay Area	683	386	146	532	72.6%	27.4%	77.9%	151	22.1%
(FRS) Fresno	463	247	93	340	72.6%	27.4%	73.4%	123	26.6%
(GSAA) Greater Southern Alameda Area	581	267	201	468	57.1%	42.9%	80.6%	113	19.4%
(NSA) Napa Solano Area	750	425	112	537	79.1%	20.9%	71.6%	213	28.4%
(NVL) North Valley	1,572	908	95	1,003	90.5%	9.5%	63.8%	569	36.2%
(RWC) Redwood City	218	122	31	153	79.7%	20.3%	70.2%	65	29.8%
(SCL) Santa Clara	231	160	25	185	86.5%	13.5%	80.1%	46	19.9%
(SFO) San Francisco	281	151	70	221	68.3%	31.7%	78.6%	60	21.4%
(SJO) San Jose	116	88	3	91	96.7%	3.3%	78.4%	25	21.6%
(SRF) San Rafael	314	148	55	203	72.9%	27.1%	64.6%	111	35.4%
(SRO) Santa Rosa	321	164	75	239	68.6%	31.4%	74.5%	82	25.5%
(SSC) South Sacramento	441	285	91	376	75.8%	24.2%	85.3%	65	14.7%
(SSF) South San Francisco	204	140	21	161	87.0%	13.0%	78.9%	43	21.1%
NCAL Region	**7,655**	**4,400**	**1,199**	**5,599**	**78.6%**	**21.4%**	**73.1%**	**2,056**	**26.9%**

COLUMN	COLUMN HEADING DESCRIPTION
Released Data Mining Diagnoses	Released for facilities to work on.
Total Addressed	Sum of members assigned and members with Stop Prompt (by Providers).
% Assigned	Number of members assigned divided by Total Addressed.
% Stop Prompt	Number of members with Stop Prompt (by Providers) divided by Total Addressed.
% Addressed	Total Addressed divided by Released members with data mining condition.
Remaining Data Mining Diagnoses	Released members with Data Mining condition minus the number addressed year to date.
% Remaining Data Mining Diagnoses	Number of remaining members divided by total number of Released members with data mining condition.

Notes:

YTD % OF DATA-MINING'S POSSIBLE CHRONIC CMS HCC ADDRESSED BY FACILITY
FOR ALL M+C MEMBERS (LESS ESRD & HOSPICE). DM DX MAY BE ADDRESSED IN ALL DEPTS.
DM DX RELEASED IN PERIOD = 1/1/2011 TO 09/04/2011
DM DX STOP-PROMPT PERIOD = 1/1/2011 TO 09/04/2011

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Data Mining by Condition

Data Mining Facility Report - By Condition - Data Extracted 9/4/2011

LMC Id: (ALL)

Facility Id: (ALL)

License Medical Center:	NCAL Region	Facility Name:	All Facilities

DATA MINING CONDITION	DATA MINING DIAGNOSES RELEASED	DATA MINING Dx ASSIGNED	DATA MINING Dx STOP PROMPT	TOTAL ADDRESSED	% ASSIGNED	% STOP PROMPT	% ADDRESSED	REMAINING DATA MINING DIAGNOSES	% OF REMAINING DATA MINING DIAGNOSES
AMPUTATIONS	8	4	-	4	100.0%	0.0%	50.0%	4	50.0%
CACHEXIA (ROUND 2)	413	161	97	258	62.4%	37.6%	62.5%	155	37.5%
CHRONIC KIDNEY DISEASE	1,074	722	87	809	89.2%	10.8%	75.3%	265	24.7%
CHRONIC RESPIRATORY FAILURE	864	472	192	664	71.1%	28.9%	76.9%	200	23.1%
CONSIDER MAJOR DEPRESSION	689	256	171	427	60.0%	40.0%	62.0%	262	38.0%
DM W/ DIABETIC ERECTILE DYSFUNCTION	351	230	34	264	87.1%	12.9%	75.2%	87	24.8%
DM W/ DIABETIC PERIPHERAL NEUROPATHY	378	150	140	290	51.7%	48.3%	76.7%	88	23.3%
DM W/ DIABETIC PVD	107	46	26	72	63.9%	36.1%	67.3%	35	32.7%
DM2 W/ LO HDL & HI TRIGLYCERIDES D/T DM DIABETIC DYSLIPIDEMIA	596	420	32	452	92.9%	7.1%	75.8%	144	24.2%
DM W/ DIABETIC CKD	1,212	690	166	856	80.6%	19.4%	70.6%	356	29.4%
DM2 W/ DIABETIC NEPHROPATHY, MICROALBUNURIA	1,234	820	127	947	86.6%	13.4%	76.7%	287	23.3%
HEART FAILURE	23	15	7	22	68.2%	31.8%	95.7%	1	4.3%
HX OF MI/STABLE ANGINA	400	238	55	293	81.2%	18.8%	73.3%	107	26.8%
OSTOMY	31	27	-	27	100.0%	0.0%	87.1%	4	12.9%
PANCREATITIS	16	5	6	11	45.5%	54.5%	68.8%	5	31.3%
PERIPHERAL VASCULAR DISEASE	206	109	49	158	69.0%	31.0%	76.7%	48	23.3%
SEIZURE	49	32	9	41	78.0%	22.0%	83.7%	8	16.3%
TRACHEOSTOMY	4	3	1	4	75.0%	25.0%	100.0%	-	0.0%
TOTAL ALL COND	**7,655**	**4,400**	**1,199**	**5,599**	**78.6%**	**21.4%**	**73.1%**	**2,056**	**26.9%**
CACHEXIA (ROUND 1)	3,008	1,430	1,578	3,008	47.5%	52.5%	100.0%	-	0.0%
CONSIDER AORTIC ATHEROSCLEROSIS	4,413	165	12	177	93.2%	6.8%	4.0%	4,236	96.0%

COLUMN	COLUMN HEADING DESCRIPTION
Released Data Mining Diagnoses	Released for facilities to work on.
Total Addressed	Sum of members assigned and members with Stop Prompt (by Providers).
% Assigned	Number of members assigned divided by Total Addressed.
% Stop Prompt	Number of members with Stop Prompt (by Providers) divided by Total Addressed.
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Notes:

YTD % OF DATA-MINING'S POSSIBLE CHRONIC CMS HCC ADDRESSED BY FACILITY
FOR ALL M+C MEMBERS (LESS ESRD & HOSPICE). DM DX MAY BE ADDRESSED IN ALL DEPTS.
DM DX RELEASED IN PERIOD = 1/1/2011 TO 09/04/2011

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Natural Language Process Findings

- All NCal clinic NLP findings being reviewed by TPMG physicians (2010 dates of service)

- Potential Diagnoses, once verified by physician reviewer, will be
  1) added to Data Mining (as was 2009 dates of service)
  2) submitted to CMS for 2011 revenue year

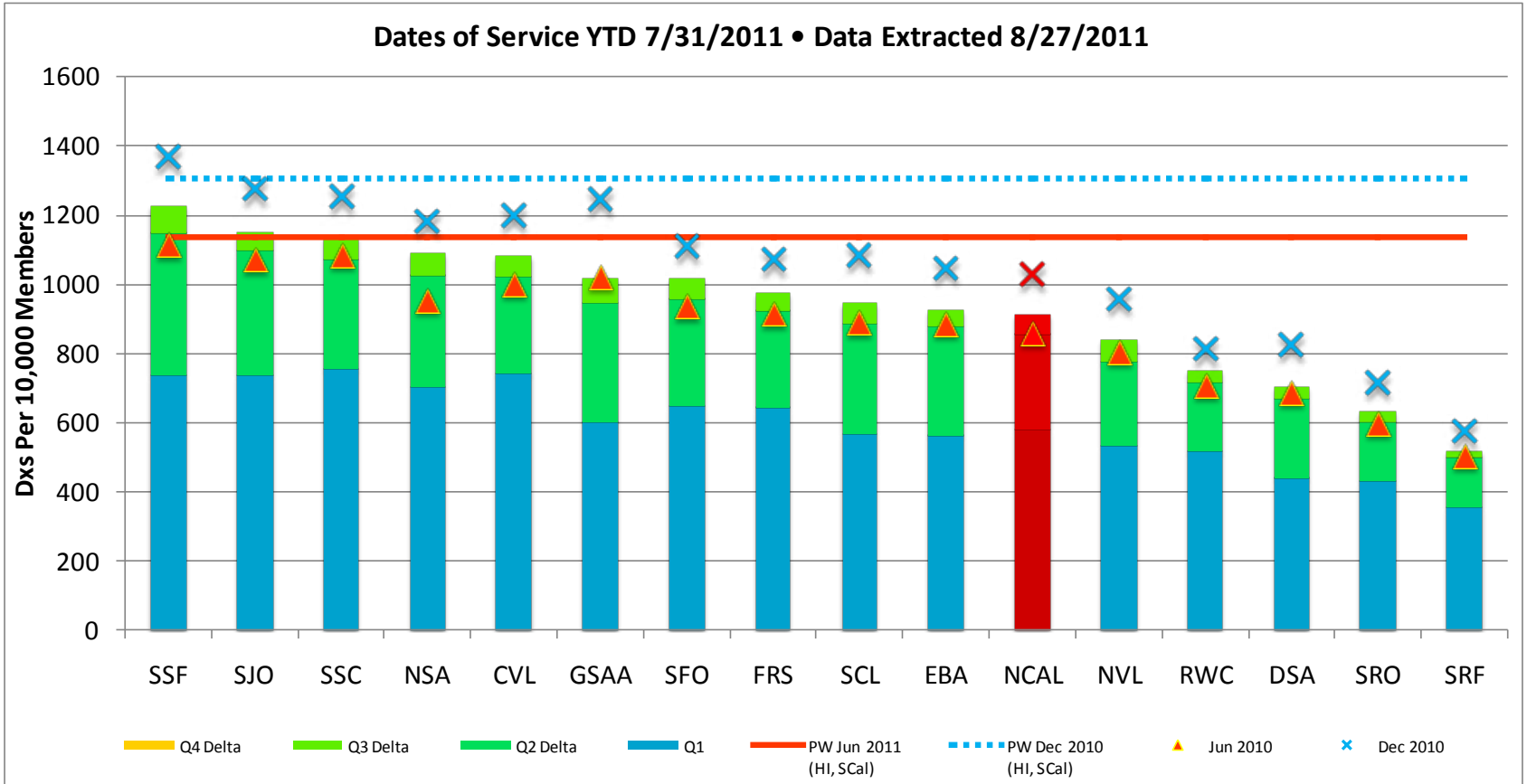
- Total Volume clinically reviewed (2010 dos) - 1,822
  - Potential positive findings approximately 70% to date
- Last year (2009 dos) Total Volume clinically reviewed – 2,198
  - 70% recommended for Dx Capture

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Diabetes

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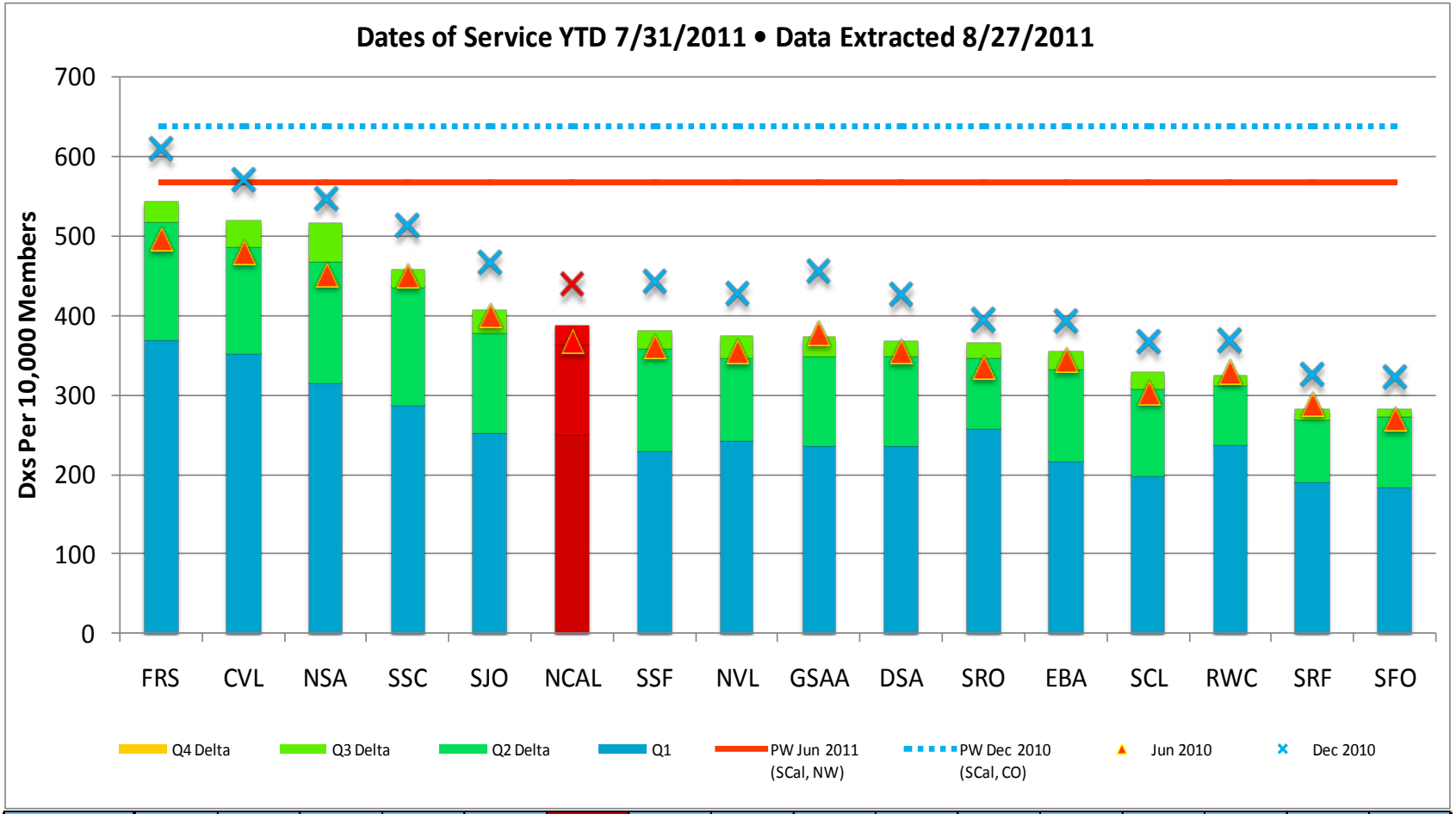
HCC 15: Diabetes w/ Renal or Peripheral Circulatory Manifestation



HCC15	SSF	SJO	SSC	NSA	CVL	GSAA	SFO	FRS	SCL	EBA	NCAL	NVL	RWC	DSA	SRO	SRF
Jul 2011	1,227	1,149	1,137	1,090	1,080	1,019	1,017	975	947	925	911	840	749	705	629	517
Jul 2010	1,117	1,073	1,085	952	1,002	1,020	936	917	892	886	861	805	706	685	596	504
Jul 2009	1,082	1,038	902	884	987	969	823	822	829	743	768	654	669	575	526	421

REL0000097

HCC 16: Diabetes w/ Neurologic or Other Specified Manifestation



HCC16	FRS	CVL	NSA	SSC	SJO	NCAL	SSF	NVL	GSAA	DSA	SRO	EBA	SCL	RWC	SRF	SFO
Jul 2011	544	519	516	458	406	387	381	375	373	368	365	355	328	324	282	282
Jul 2010	498	481	453	452	401	369	363	356	379	356	336	345	304	329	289	270
Jul 2009	428	379	379	360	355	303	330	273	324	283	277	271	247	283	238	250

REL0000098

Increased Capture of Diabetes Specificity

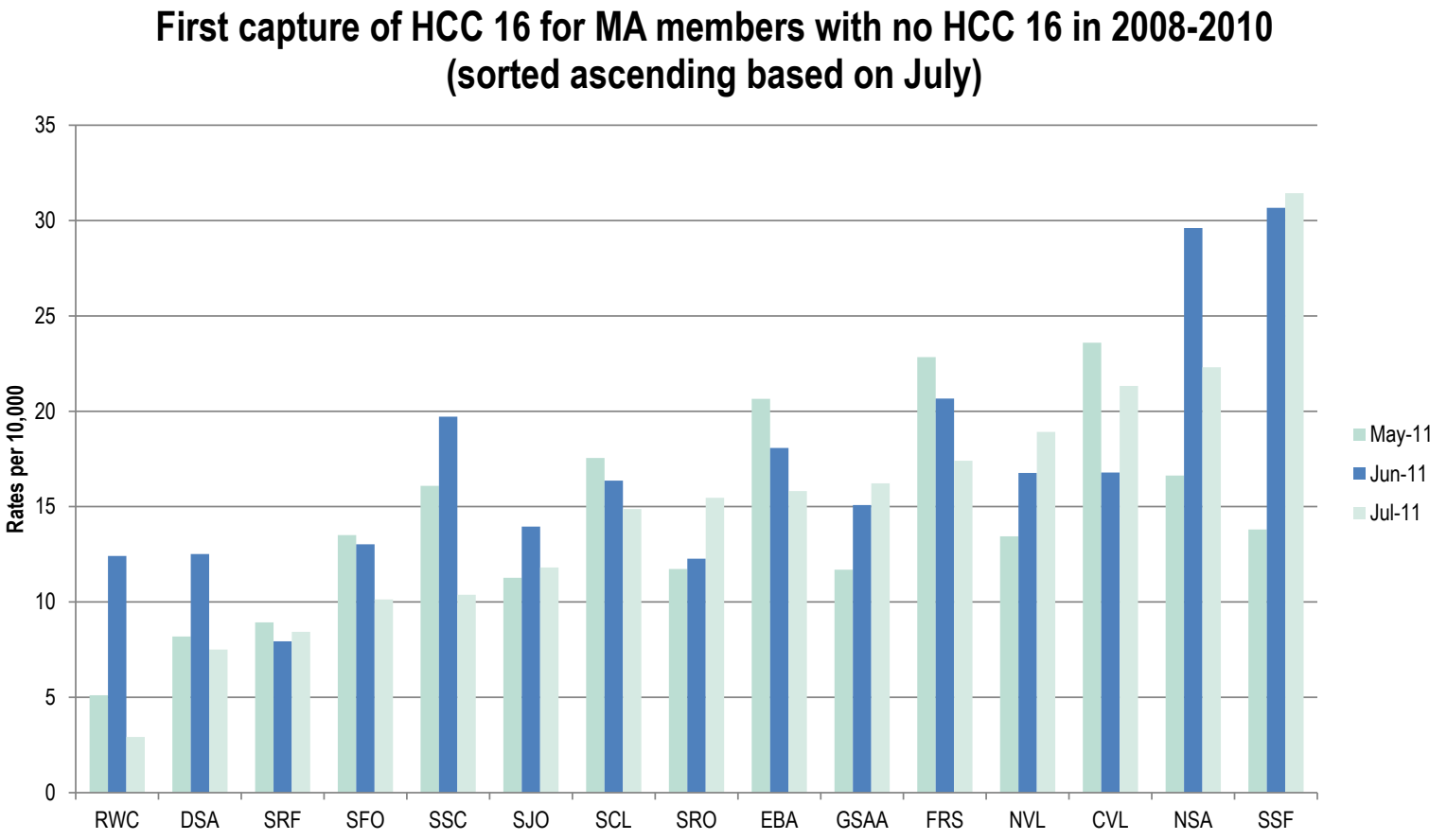
Issue: Expected increase in the capture of Diabetes HCC 15 and/or HCC 16 from implementation of Diabetes Questionnaire has not occurred.

Discussion

- Have all Med Ctrs implemented Questionnaire?
- What are obstacles to implementation?
- How can obstacles been overcome?
- Are physicians aware of need to capture the higher specificity of Diabetes?

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HCC 16 - May, June, July 2011



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REL0000100

CKD

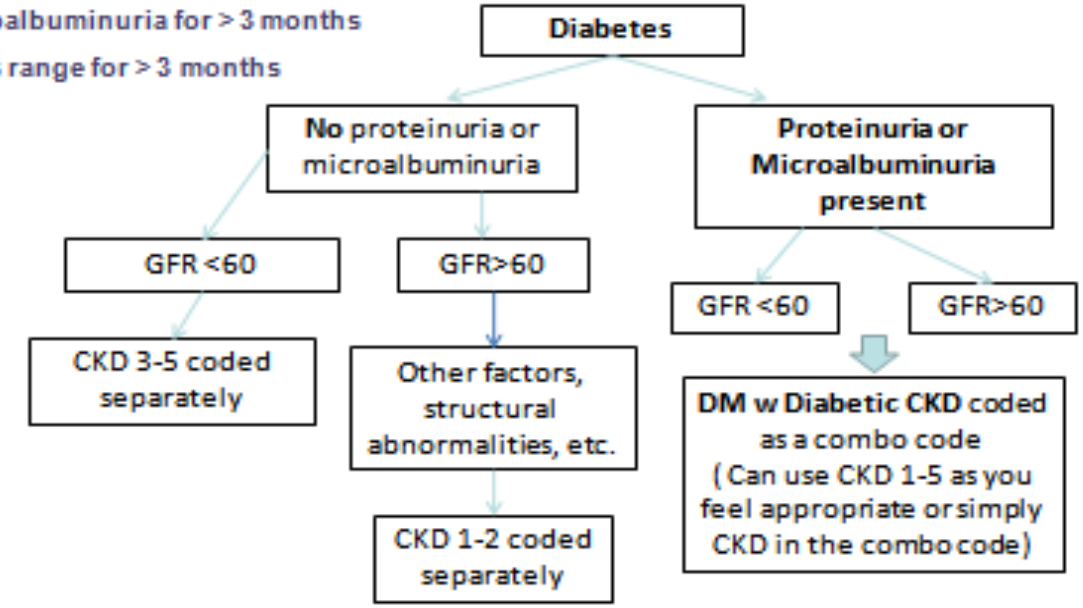
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Revised CKD Algorithm

*Nephrology Dept. in Agreement

Diabetic CKD – Algorithm*

- Proteinuria is defined as a protein/creatinine ratio greater than 0.2 for > 3 months, or an abnormal 24-hour urine protein result for > 3 months.
- Abnormal Microalbuminuria for > 3 months
- Abnormal GFRs range for > 3 months



2

*No longer need to factor in retinopathy in the decision

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REL0000102

Ncal – Only Region Using HCC 132 - Nephritis

HCCs by Region

RATS Extract date: 8/20/2011

Data Period : 1/1/2011 - 07/31/2011

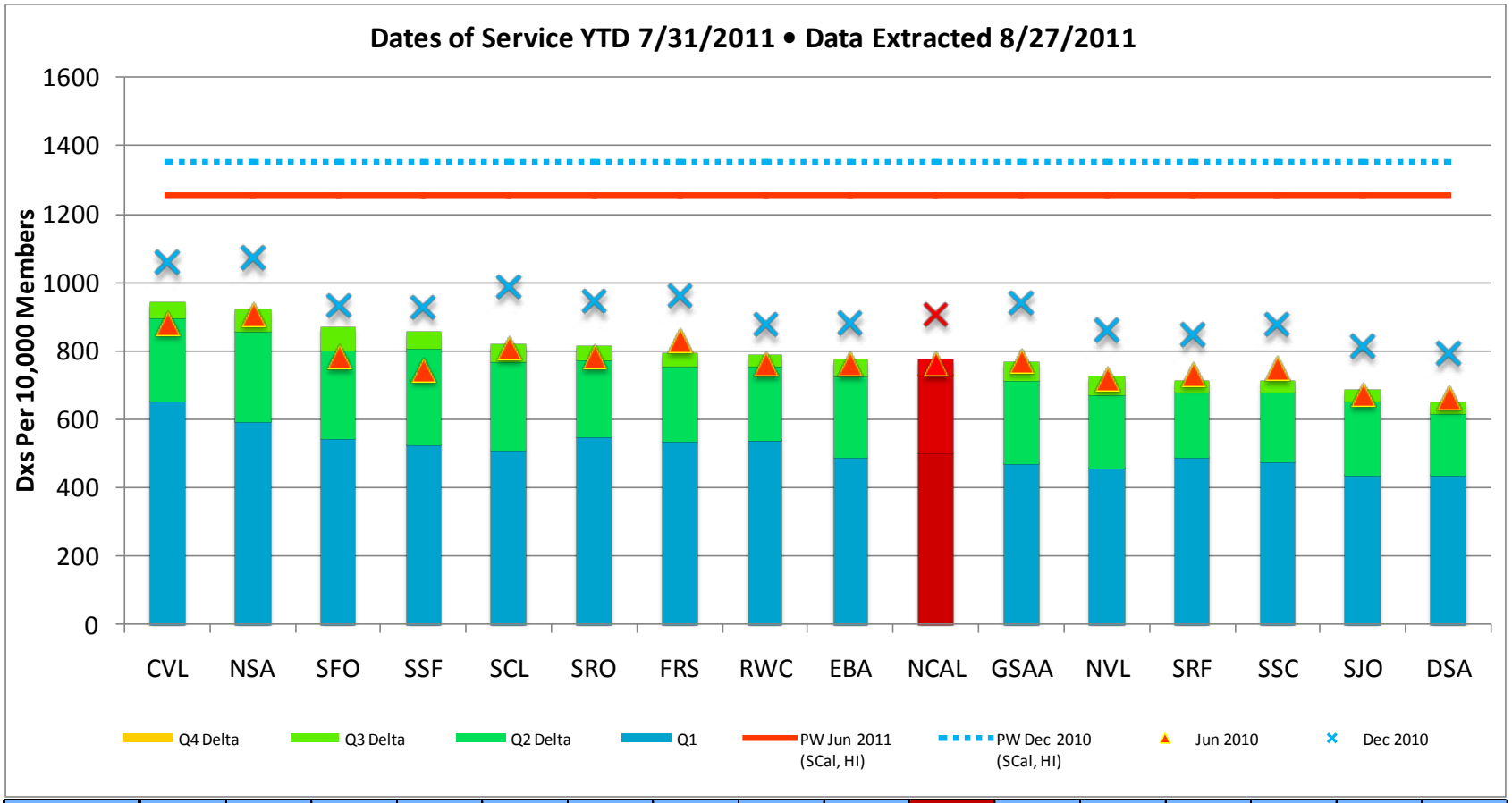
Region	Category	Description	Count	Members	Rate per 10,000 in Region
CO	HCC132	Nephritis	190	69,488	27
GA	HCC132	Nephritis	45	15,294	29
HI	HCC132	Nephritis	25	23,891	10
MA	HCC132	Nephritis	24	40,703	6
NC	HCC132	Nephritis	7,724	385,149	201
NW	HCC132	Nephritis	160	56,178	28
OH	HCC132	Nephritis	222	18,267	122
SC	HCC132	Nephritis	172	362,383	5

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Vascular Disease

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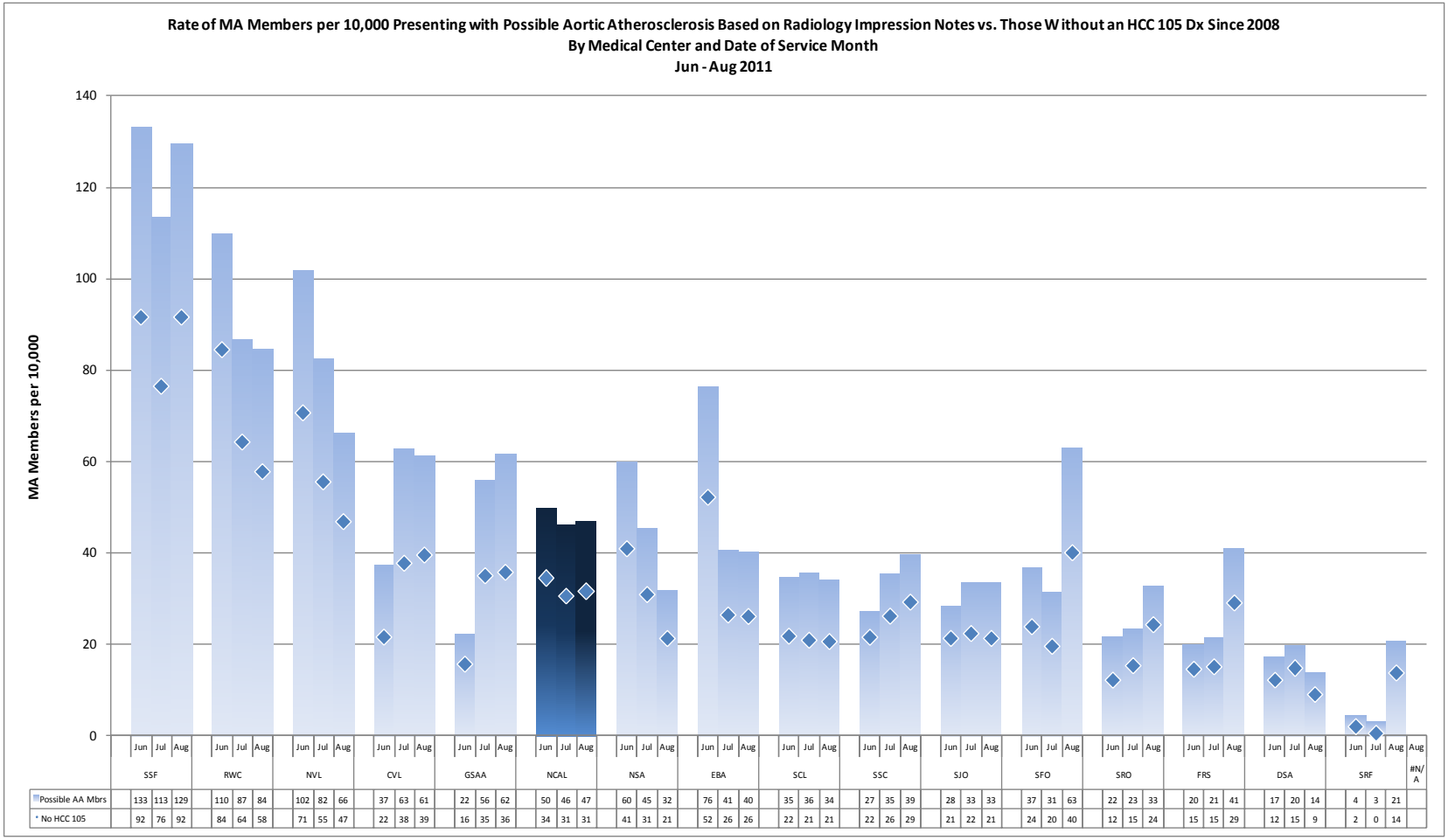
HCC 105: Vascular Disease



HCC105	CVL	NSA	SFO	SSF	SCL	SRO	FRS	RWC	EBA	NCAL	GSAA	NVL	SRF	SSC	SJO	DSA
Jul 2011	941	921	868	856	819	812	795	790	777	775	767	723	712	711	686	650
Jul 2010	883	908	784	746	811	783	833	763	763	764	772	719	733	749	673	665
Jul 2009	805	777	674	624	696	643	684	666	666	658	727	600	595	619	649	568

REL0000105

Aortic Atherosclerosis



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REL0000106

Vascular Disease – Capture of Aortic Atherosclerosis

Area of significant missed opportunity

Review and Capture Process

- **Assure Radiologist** documents calcification in Aorta
- **Qtrly, Text parsing** locates records with potential diagnoses
- **Regional Clinical Team** reviews to ensure potential exists for diagnosis of Aortic Calcification
  - Dx Prompts now on MDP as Data Mining
  - Tracked separately / not added to Data Mining denominator
- **Treating Physician Captures Dx**
  - Reviews Radiology Impression Note
  - Evaluates and make diagnosis in Visit Note or Addendum or Stop Prompts, as appropriate

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Aortic Atherosclerosis (cont.)

Issues for Clarification

- **PHASE Program** – Patient no longer automatically entered into PHASE, as of September, 2011
- Physician decides whether to add patient to PHASE

Trainer and Physician Lead

- Assure Radiologist captures impression
- Remind Physicians to review Radiology Impression Notes
- Co-lead Training at Medicine Dept. meetings

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NCAL vs SCAL Vascular Disease Capture Rates

HCC 105	Rates / 10 k
NCAL	775
SCAL	1332

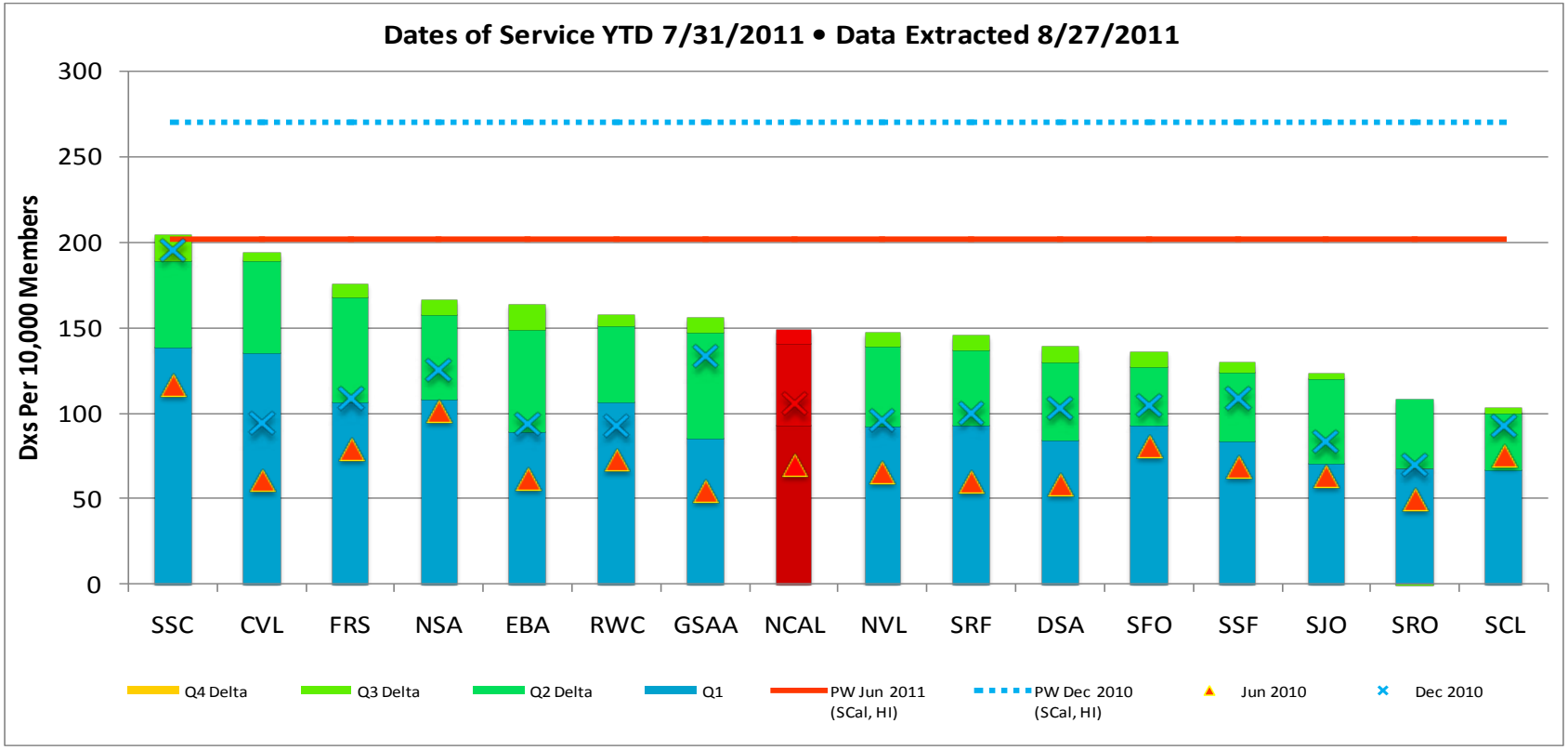
Dates of Service YTD 6/30/2011 ~ Data Extracted 8/27/2011

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Protein Calorie Malnutrition

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HCC 21: Cachexia / Protein-Calorie Malnutrition



HCC21	SSC	CVL	FRS	NSA	EBA	RWC	GSAA	NCAL	NVL	SRF	DSA	SFO	SSF	SJO	SRO	SCL
Jul 2011	204	194	176	166	164	158	156	149	147	145	139	136	130	124	106	104
Jul 2010	117	61	79	102	62	73	55	70	66	60	59	81	69	64	50	75
Jul 2009	70	37	62	75	54	49	29	49	44	66	34	54	58	54	36	40

Protein Calorie Malnutrition

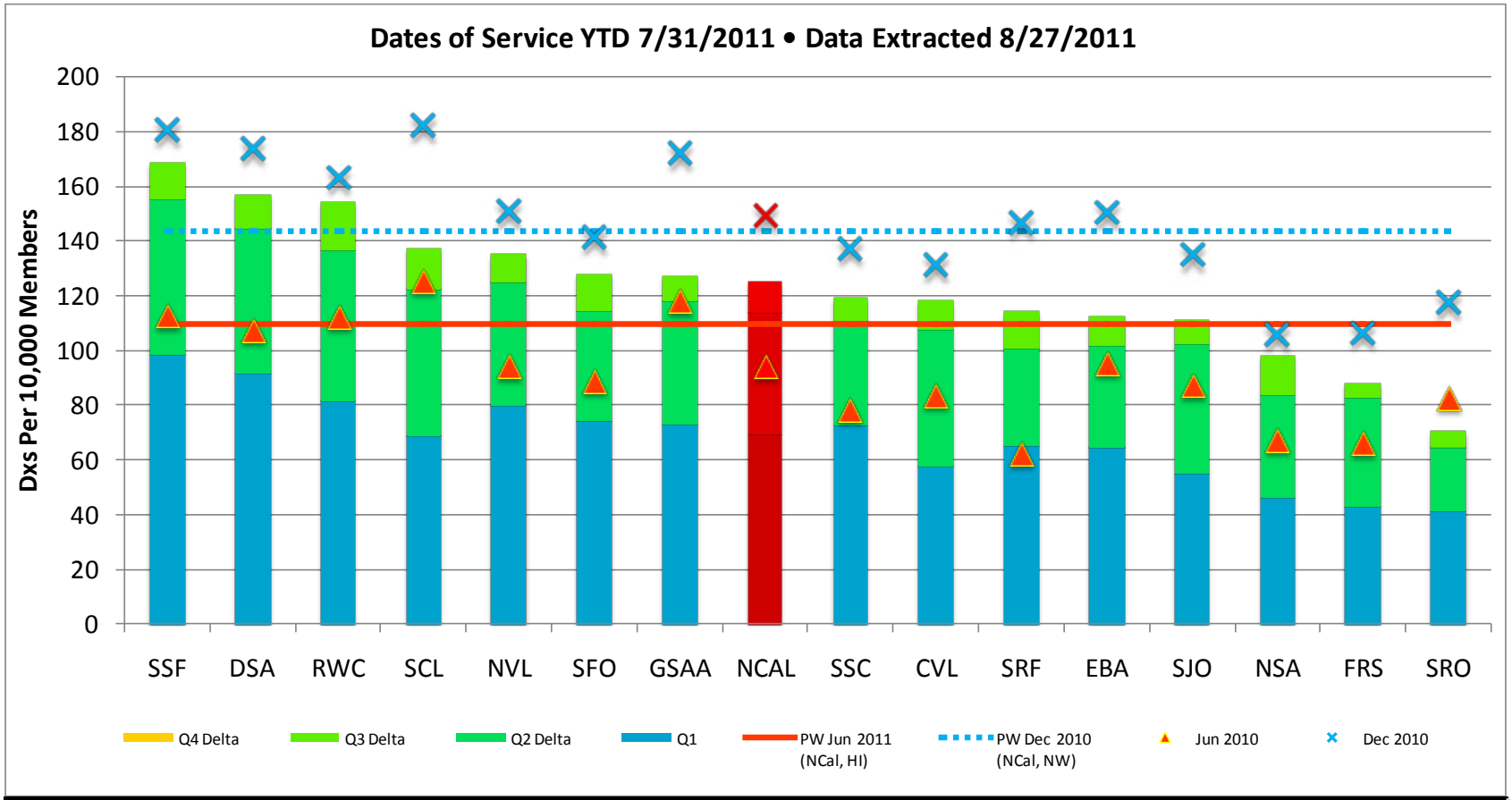
Actions Needed

- Coordinate local Med Ctr Work Group to monitor diagnosis capture process and metrics
  - Include: Registered Dietitian, Wound Care Nurse, CDI Physician Champion, Trainer
  - Monitor available metrics (RD and CDI Reports)
  - End-to-End reporting is being developed

- Continue Repeat Training
  - Inpatient
  - Ambulatory – continue to emphasize Cachexia

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HCC 2: Septicemia/Shock



HCC2	SSF	DSA	RWC	SCL	NVL	SFO	GSAA	NCAL	SSC	CVL	SRF	EBA	SJO	NSA	FRS	SRO
Jul 2011	169	157	154	137	135	128	127	125	119	118	115	112	111	98	88	70
Jul 2010	113	108	113	126	94	89	118	94	78	84	63	95	88	67	66	83
Jul 2009	67	58	61	79	40	46	64	54	52	41	47	52	60	56	59	34

Other HCC Clarification

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Vertebral Fracture

Diagnosis Clarification

- Chronic when on
  - long-term calcitonin
  - analgesic
  - or referral for evaluation of vertebralplasty

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Dementia – Memory Clinics

Expect CMS to add back for 2012 dates of service

- Important to Develop / Enhance Memory Clinics to
  - Assist with making diagnosis of Dementia w/ Complications
  - Assure quality treatment and follow up for patient and care of family members

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Demonstration of Medicare Advantage Tracking Tool (eCode)

ERIC WANG, M.D. – North Valley Physician Lead

Joel Weiner, Dir. EIO Business Intelligence Team

Aileen Abrenilla, Manager BIT

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BREAK TIME

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Encounter Coding Strategy

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Encounter Coding Strategy

- **Effective October 19th most encounters will require an E/M, Time-based LOS or Procedure Only Code**
  - Beginning January 1, 2012, CMS will require that organizations submit full claims data (the same data required for a Fee-for-Service patient) for each encounter with an MA patient.
  - Important components of claims data are E/M, Time-based LOS or Procedure Only codes
  - Without encounter codes, we could lose significant revenue
  - This should not be a problem for most of our clinicians because these codes are currently being assigned to more than 75% of all visits, not just those for which the BPA has fired. Many clinicians are already coding 100% of all their visits.
- **Hard Stop triggered by combination of Encounter & Provider Types**

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Required Provider Types for E/M, Time-based LOS and Procedure Only Codes

- **Provider Types to be Included in Phase 1 – October 19th**
  - Physicians – part-time and pool
  - Podiatrists
  - Physician Assistants
  - Nurse Practitioners *
  - Optometrists *
  - Maxillofacial Surgeons

  * Pending further leadership discussions
- **Provider Types to be Included in Phase 2 (BPA will continue to fire on billable encounters **) - date to be determined**
  - Psychologists **
  - LCSWs **
  - Continuum of Care Providers
  - Allied Health Professionals who provide 'incident to' services – RN, Marriage Family Therapists, etc..
  - Residents in the Ambulatory setting to be evaluated prior to Phase 2

**Note if Phase 2 is implemented after January 1, 2012 , the BPA will expanded to MA billable encounters

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Required Encounter Types for E/M, LOS and Procedure Only Codes

- **Encounter Types to be Included in Phase 1 – October 19th**
  - Office Visits
  - Office Visit - Workers Comp and Workers Comp MH/BH
  - Office Visit - Chemical Dependency
  - Office Visit - MH/BH
  - Office Visit - Adolescent
  - Confidential Visit – Adult, Adolescent
  - Pre-Op Visit
- **Encounter Types to be Included in Phase 2 – date to be determined**
  - Office Visit – OB
  - CLIN DOC (e.g. for Rad Onc)
  - Continuum of Care
  - Allied Health
- **TAVs will continue to be Excluded**

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Clarifications for Coding

- **Consults** – Designation is no longer recognized by CMS and is already removed as an option in KPHC. These will be coded using the standard E/M codes for office visits (99201-99215).

- **New vs Established** – No longer requires provider selection. Now identified by KPHC via EPIC functionality or Revenue Cycle edits

- **Preventive Codes** – Option has been added as a 'drop down' selection in KPHC making codes easier to find in provider workflow.

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Clarification for Coding (cont)

- **Procedure Only Visits**
  - Use “PROCEDURE ONLY” - formally labeled as “NO LOS REQUIRED”

- **Global Services** - Bundling of charges will be managed by Revenue Cycle; Providers will not need to know global period

- **Modifiers –** Providers no longer required to capture Modifiers; Modifiers will no longer be available for selection - with exception of Modifier 57 Decision for Surgery. Will be captured/assigned in Revenue Cycle edits

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E/M Training and Reporting

- **Training**
  - Updated Materials Available
  - Training Priority based on Provider / Dept. Coding Completion Reports
  - Collaboration with KPHC Site Support
  - Documentation & Coding Lead Role
    - Assure that all Providers have received Leadership Message regarding Hard Stop
    - Support Trainers in getting time on Dept or Module meetings for training
- **Reporting**
  - Monthly encounter closure reports will be sent to PIC's, by department and provider, to monitor encounters not meeting the 48 hour closure requirement

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CELEBRATION TIME !!!



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APPENDIX

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Cancer Accuracy Rates and Volumes

LMC	Jan 2010 Dates of Service			Jul 2011 Dates of Service		
	Accuracy Rate	Dxs Evaluated	Dxs Loaded	Accuracy Rate	Dxs Evaluated	Dxs Loaded
CVL	64.2%	695	950	91.6%	476	523
DSA	72.4%	1,055	1,768	92.2%	1,004	1,030
EBA	74.6%	485	790	89.9%	605	617
FRS	66.9%	507	707	94.5%	398	402
GSAA	73.2%	497	938	94.4%	591	612
NSA	65.6%	497	716	89.6%	537	553
NVL	73.1%	1,744	2,391	89.8%	1,214	1,347
RWC	77.8%	406	607	91.7%	288	313
SCL	74.1%	902	1,419	90.8%	885	926
SFO	77.3%	392	641	93.7%	398	403
SJO	72.2%	353	621	88.5%	321	337
SRF	71.2%	559	785	89.2%	351	380
SRO	78.1%	543	692	89.7%	359	375
SSC	68.4%	471	650	94.1%	372	419
SSF	81.0%	567	840	95.6%	432	539
NCAL	72.6%	9,673	14,515	91.5%	8,231	8,776

CVA Accuracy Rates and Volumes

LMC	Jan 2010 Dates of Service			Jul 2011 Dates of Service		
	Accuracy Rate	Dxs Evaluated	Dxs Loaded	Accuracy Rate	Dxs Evaluated	Dxs Loaded
CVL	5.1%	39	44	9.1%	11	14
DSA	14.7%	95	98	53.3%	15	17
EBA	31.9%	47	50	25.0%	20	23
FRS	20.0%	30	34	55.6%	9	12
GSAA	45.7%	35	39	21.4%	14	16
NSA	28.9%	45	46	71.4%	7	10
NVL	23.5%	98	103	35.0%	20	24
RWC	11.8%	34	37	66.7%	3	3
SCL	5.9%	85	90	16.7%	12	12
SFO	28.6%	28	31	50.0%	6	8
SJO	25.9%	27	31	60.0%	5	6
SRF	21.9%	32	33	14.3%	7	10
SRO	20.5%	44	50	14.3%	7	10
SSC	17.0%	47	49	75.0%	4	11
SSF	48.3%	29	32	50.0%	2	9
NCAL	21.1%	715	767	35.2%	142	185

REL0000129

FX Accuracy Rates and Volumes

LMC	Jan 2010 Dates of Service			Jul 2011 Dates of Service		
	Accuracy Rate	Dxs Evaluated	Dxs Loaded	Accuracy Rate	Dxs Evaluated	Dxs Loaded
CVL	2.1%	47	53	38.9%	18	28
DSA	9.3%	86	94	30.6%	36	41
EBA	18.3%	71	72	44.4%	27	30
FRS	29.3%	41	42	28.6%	14	16
GSAA	17.8%	45	59	57.9%	19	19
NSA	10.0%	50	52	66.7%	12	12
NVL	19.9%	156	162	64.9%	37	45
RWC	16.1%	31	32	83.3%	12	14
SCL	16.5%	79	88	42.5%	40	45
SFO	14.6%	48	50	80.0%	15	16
SJO	21.7%	46	47	54.5%	11	12
SRF	10.5%	57	57	100.0%	1	4
SRO	13.5%	52	52	28.6%	14	18
SSC	17.9%	28	28	60.0%	5	9
SSF	11.4%	44	44	60.0%	5	8
NCAL	15.4%	881	932	50.0%	266	317

EXHIBIT 10

June 16th, 2015 RRG WebEx

Time (PT)		RRG Agenda Topic	Discussion Leader
12:00pm	12:05pm	Introductions, Agenda Review, & Announcements	Simon Cohn, MD Hovannes Daniels Cindy Love
12:05pm	12:25pm	ICD-10 Update	Dr. Tom Hartman Ed Kho
12:25pm	12:35pm	ACA Analytics Status	Sandra Lopez
12:35pm	12:55pm	ACA Submission Status	Christy Lu
12:55pm	1:10pm	2014-2015 Risk Score Update	Leanne Powell
1:10pm	1:25pm	Comparison of RATS to Encounter Data	Jialin Gu
1:25pm	1:30pm	Wrap-up and Upcoming Events	Simon Cohn, MD Hovannes Daniels Cindy Love

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ICD-10 Update

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Part II : ICD-10 Readiness for Risk Adjustment
Risk Adjustment Analytical review

June 16, 2015

Tom Hartman, M.D.

Edward Kho

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Overview

What are the preparation plans for ICD10?

Two major efforts:

a) Risk Score Impact:
   - Assess impact of ICD9 to ICD10 to no HCC?
     - Fine tune ICD9 to ICD10 to EDG terms mapping

b) ICD10 Monitoring
   - Develop plan:
     - Identify reporting of volume/errors
     - Establish teams to triage ICD10 issues
     - Identify relevant Risk Adjustment metrics (existing & new) to spot ICD10 related deficiencies

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Risk Score Impact Analysis

Conduct Analysis

Focus of work with CMT/RA Analytics:

ICD9 to ICD10

Groupings	ICD9 count	ICD10 count
icd9 to icd10 do map to (ICD10) HCC	2,926	10,904
icd9 to icd10 do not map to (ICD10) HCC	8,961	54,529
icd9 to icd10	10,888	65,434

ICD9 to ICD10 to EDG terms

Groupings	ICD9 count	EDG Term count
icd9 to icd10 /w EDG terms	10,888	184,769
icd9 to icd10 do not map to (ICD10) HCC with EDG terms	8,961	156,706
icd9 to icd10 do not map to (ICD10) HCC with EDG terms /w freq	182	861

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Risk Score Impact Analysis (2)

Conduct Analysis

Common icd9 to idc10 to no HCC labeled "OK":

- Combo code and other code in HCC
- Subsequent or Sequela diagnosis
- Non-Medicare related Diagnosis

Group	examine	ok	Total ICD9 cohorts
Group 1: >500	12	41	53
Group 2: 200-499	5	13	18
Group 3 : 100-199	3	19	22
Group 4 : <100	39	50	89
Total ICD9 cohorts	**59**	**123**	**182**

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Coder and Physician Modeler Review and Analysis (2)

Investigate ICD9 to ICD10 and how it relates to HCC

Example 1: Vascular Disease

icd9 code	EDG CID	EDG Display Name	icd10 code	ICD10 Descriptions	ICD9 HCC	ICD10 HCC	ICD9 Frequency
440.20	121141070	Atherosclerosis of right leg	I70.201	ATHEROSCLEROSIS	108	108	1,219
440.20	121141071	Atherosclerosis of left leg	I70.202	ATHEROSCLEROSIS	108	108	1,219
440.20	121141072	Atherosclerosis of bilat legs	I70.203	ATHEROSCLEROSIS	108	108	1,219
440.20	121141330	Right brachiocephalic artery stenosis	I70.8	ATHEROSCLEROSIS	108	no hcc	1,219
440.20	121141331	Left brachiocephalic artery stenosis	I70.8	ATHEROSCLEROSIS	108	no hcc	1,219

- Verify ICD9 to ICD10 coding
- Check for other available EDG terms to get us HCC 108

Result: Good news ! Coders re-map to I70.208: Unspecified atherosclerosis of native arteries of extremities, other extremity

- ICD10 I70.208 maps to HCC108

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Coder and Physician Modeler Review and Analysis

Investigate ICD9 to ICD10 and how it relates to HCC

a) Verify coding: Validate ICD9 to ICD10 ✓
b) Conduct Coder review ✓
c) Physician CMT Modeler review
   a) Do we need to add or edit terms in EDG file?
   b) Consider other what other ICD10 to get to HCC?
   c) Do we need to change EDG term to map to HCC?

Group sets	icd9 code	EDG terms
Set 1 : >500	12	40
Set 2: 200-499	5	25
Set 3: 100-199	3	8
Set 4: <100	39	82
Total:	59	155

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Benefits

Benefits to this exercise:

1) Fine tune EDG Term describing ICD9 to ICD10
2) With Coding corrections and EDG terminology review – mitigate ICD9 to ICD10 to no HCC mapping
3) Potential to improve use of ICD10 Diagnosis calculator

Example: Major Depressive Disorder

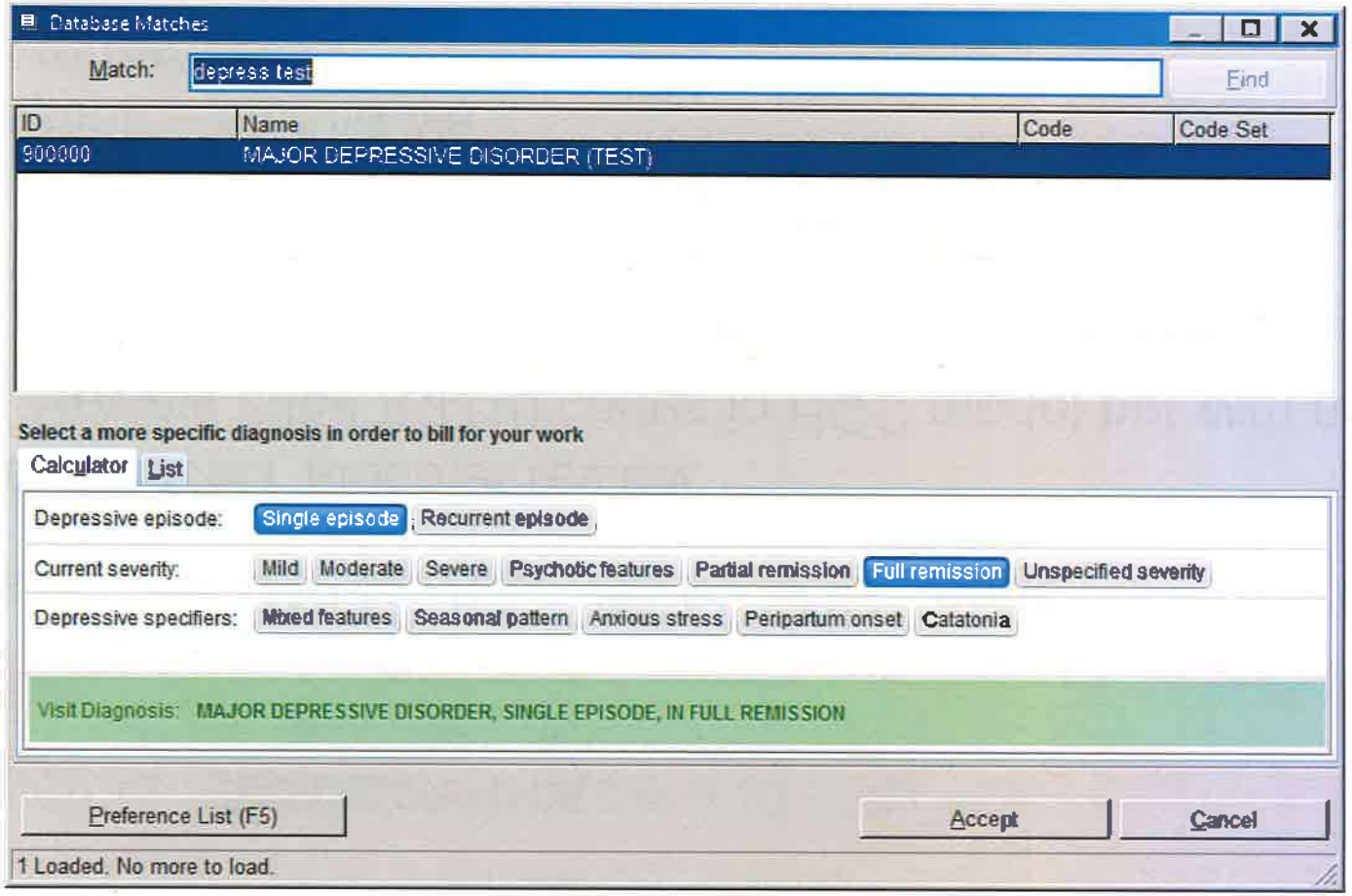
Display Name	ICD9	ICD10	Total KP Encounters over 2 years
MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE	296.3	F33.9	1,579,054
MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, MODERATE	296.32	F33.1	433,088
MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE	**296.2**	**F32.9**	**343,435**
MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, IN FULL REMISSION	296.36	F33.42	263,308
MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE, IN PARTIAL REMISSION	296.35	F33.41	171,897
MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, MILD	296.31	F33.0	136,895
MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	296.22	F32.1	106,732
MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, SEVERE	296.33	F33.2	97,352
MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION	296.26	F32.5	63,530

Benefits (2)

Display Name	ICD9 code	ICD10 code	Total KP use over 2 years
DEPRESSION, UNSPECIFIED	311	**F32.9**	619,919
MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE	296.2	**F32.9**	343,435
DEPRESSIVE DISORDER	311	**F32.9**	137,783
MOOD DISORDER WITH DEPRESSIVE FEATURE	296.2	**F32.9**	25,379
SENILE DEMENTIA WITH DEPRESSION	290.21	F03.90, **F32.9**	2,482
REACTIVE DEPRESSION	300.4	**F32.9**	2,223
MULTI INFARCT DEMENTIA WITH DEPRESSION	290.43, 437.0	F01.50, **F32.9**	125
PRESENILE DEMENTIA WITH DEPRESSION	290.13	F03.90, **F32.9**	119

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Proposed Major Depression Calculator



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Physician Modeler Review and Analysis

Investigate ICD10 to HCC with no EDG Terms

- Physician CMT Modeler review:
  - Review 2364 ICD10 codes in HCC model but with no current EDG term

Examples:

icd10_code	description
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C69.20	Malignant neoplasm of unspecified retina
D68.8	Other specified coagulation defects
D70.8	Other neutropenia
D83.8	Other common variable immunodeficiencies
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
F33.40	Major depressive disorder, recurrent, in remission, unspecified
S98.149A	Partial traumatic amputation of one unspecified lesser toe, initial encounter
Z89.419	Acquired absence of unspecified great toe

Question – should we add terms?

Many codes on the list are related to "unspecified" laterality

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Timing

Risk Score Impact Timing – ETA July 2015

	Start	End	Deliverable	Participants
Data analysis	7-May	13-May	Integrate i9 to i10 to i9/hcc and i10 /hcc	Edward Kho & Ken Nelson
Mapping Review	14-May	1-Jun	Review and assess i9 to i10 to no i10/hcc	Dr T Hartman & Edward Kho
Coder and Physician modeler Review	5-Jun	17-Jun	Conduct deeper review of i9 to i10 to no i10/hcc	Dr T Hartman & coder team
CMT release date	18-Jun	21-Jul	change to master file (7/18) and regional production (07/21)	Dr T Hartman and team
Data analysis	21-Jul	24-Jul	re-run analysis and assess risk score impact	Rita Barsoum, Ken Nelson & Edward Kho

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Timing (2)

ICD10 Monitoring – ETA Aug 2015

	Start	End	Deliverable	Participants
Data extract - Clarity	15-Jun	19-Jun	Pull Claims data extract with ICD9/ICD10 for Reporting team.	Andy A./Julie Q.
Identify reports to monitor Volume/Rejections	22-Jun	26-Jun	identify all KPMETA and rejection reports. Establish access to claim level detail.	Risk Adjustment Work group
Identify reports to monitor Risk Adjustment Metrics	22-Jun	26-Jun	identify all existing Risk Adjustment reporting - Risk scores, HCC, PMPM to monitor completeness.	Risk Adjustment Work group
Adjust reporting requirementts	29-Jun	3-Jul	Define existing or produce new metrics.	Ed K., Ken N., Gary B., Jialin G., Julie Q.
Produce pro-forma report deck	6-Jun	3-Aug	Establish reporting deck to monitor pre vs post cutover	Ed K., Ken N., Gary B., Jialin G., Julie Q.

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ACA Analytics Status

- Identifying New ACA Members with Conditions
- ACA Benchmark Comparison (Understanding our Membership)
- Understanding ACA Enrollment Patterns / Analysis of Churn

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Identifying New ACA Members with Conditions

- Background
  - Use vendor database to supply condition information on new-to-KP and existing members. Implement an "overlap" test run of membership to the vendor database to determine fit of our membership to vendor's financial/insurance oriented data.
- Status Update
  - KP had contracted with MIB to conduct a pilot study
  - MIB has discontinued this product offering to new clients
  - MIB database no longer an option for KP
- Next Steps
  - Evaluating new vendor solutions
    - The Milliman AlertRx system is a tool for payers to optimize their risk adjustment revenue by instantly identifying potential HCCs for members as well as proactively identifying and enrolling high cost members into case management (CM) or disease management (DM) programs.

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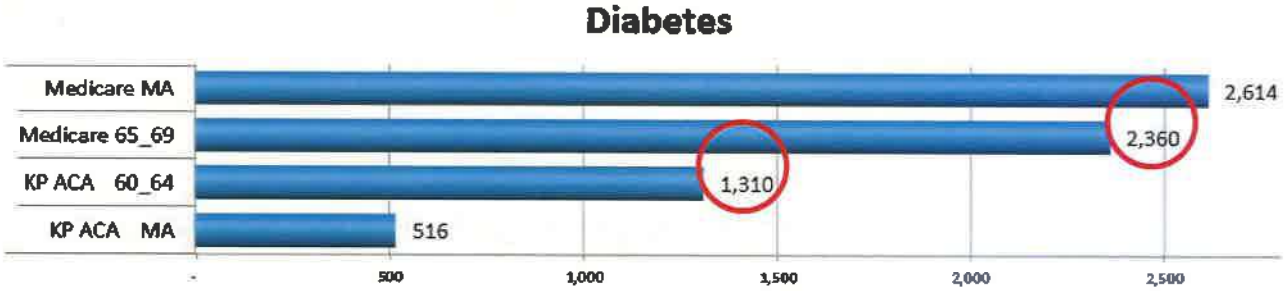
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ACA Benchmark Comparison (Understanding our Membership)

- Background
  - How do ACA HCC rates per 10K compare to Medicare populations, and Wakely benchmarks when the ACA model is run on each population?
    - Closely examine the ACA 60-64 year olds with the Medicare 65-69 year olds

- Status Update
  - Preliminary analysis complete: Medicare membership run through ACA model.

- Next Steps
  - Exec. Brief (July)
  - All ACA HCCs
  - Regional View



program wide results, 2014 data, 03/21/15 extract, silver coefficients

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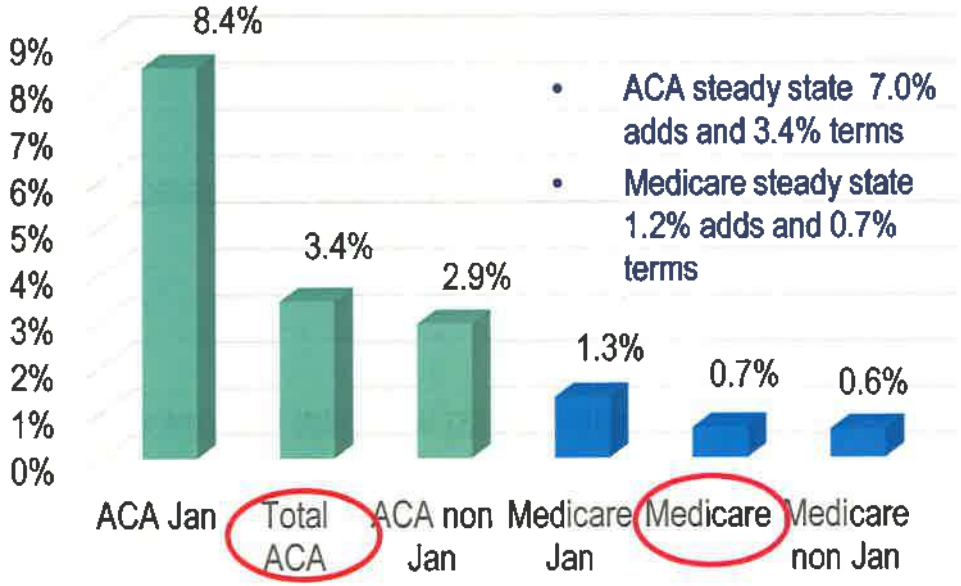
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Understanding ACA Enrollment Patterns / Analysis of Churn

- **Background**
  - Understanding differences in enrollment, disenrollment, and stable enrollment.
    - How sticky are the ACA members compared to Medicare?

- **Status Update**
  - Adds/Terms calculations performed at regional level
  - Analysis underway

- **Next Steps**
  - Executive Brief (July)
  - Regional Views with Highlights



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ACA Submission Status

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ACA Submission Status

HHS Update:

- HHS closed submissions on 5/15
  - Currently in 'Blackout' period, meaning no 2015 data can be sent to the Edge Server
  - CMS will reopen submissions for 2015 data at a later date (expected late June / early July)
  - Supplemental Submissions
    - Over 18K supplemental diagnoses submitted
  - Enhancements and break fixes underway during transition from project to operations, planned through August. Analysis underway of data submission results.

	Accepted Claims	Rejected Claims	Percentage Rejected
Medical	5,318,055	39,676	0.75%
Pharmacy	3,554,660	2,040	0.06%

Risk Score Accuracy and Completeness:

Future Enhancements

- EDGE Server team continues enhancements and Phase 2 development initiatives to expand system functionality
  - Includes Automation, Standardization of Production and Operations, Enhancements for Efficiency

Reporting

- Comprehensive analytic reporting capability still in definition
- Scope evaluation in progress to define requirements. Targeting multiphase approach.
- Expanded operational reporting functionality continuing to roll out

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Formal Discrepancy Reporting – Final

- CMS has established a process to file discrepancies that Issuers find in CMS RA/RI reports
  - Team filed final discrepancies with CMS on 6/1/15
- Per CMS guidance and request, project focused on evaluating CMS calculations in seven RA/RI reports
  - Comparison analysis of detailed report lines, identifying where KP calculation differs from CMS calculation
  - Deep dive analysis to understand drivers of discrepancies
  - KP files discrepancy reports to CMS for their review; CMS determines if reports have errors and should be remediated
- In process
  - Waiting for CMS response on discrepancies
  - Reviewing / debriefing the project for standardizing the process, and plan for future

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Formal Discrepancy Reporting – Findings

Results:

Report	Content	Results
RACSD report	RA Claims Selection detail	-10.9M claim lines match at the claims header level - **Only 158** claims lines present on CMS but not on KP
RARSD report	RA Risk Score detail	-1.1M records. - **99.92%** match between KP report and CMS report
RIDE report	RI Enrollee detail	- Difference between CMS calculation and KP calculation is **~13K.**
RATEE report	RA Transfer Elements	-No significant differences identified from RATEE report. i) Plan liability risk score difference: the average difference is **-0.0002** ii) Allowable rating factor difference: the average difference is **-0.0004** iii) Plan's age adjusted average premium difference: the average difference is **0.0536**
RISR report	RI summary	- Completed. **No variance**
RACSS report	RA Claims summary	- Completed. **No variance**
RARSS report	RA Risk Score summary	- Difference identified from RARSS report is derived from the difference identified from RARSD report. There is no financial impact of this report.

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Reinsurance Recovery Estimates

- Submission completed for 2014

Regions	Est. As of 12/31/2014	Current Est.	Diff to Dec 2014
California	$186	$192	$6
Colorado	$19	$22	$2
Georgia	$5	$6	$1
Hawaii	$4	$4	$0
MidAtlantic	$5	$6	$1
Northwest	$9	$10	$1
Totals	**$228**	**$240**	**$12**

Notes: - $ in Million

- Current Est. is KP's calculation based on CMS run as of 5/15/2015.

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2014-2015 Risk Score Update

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2014 Risk Score is above budget program-wide

Medicare

2013 and 2014 scores calculated under the 2015 payment blend (67%/33%)

- Most regions are already above budget.
  - Regions are now focusing on retroactive initiatives (data mining, NLP, chart reviews) for 2014 data. The CMS deadline for submission of 2014 encounters is January 31, 2016. Please work with your regional submission team to determine internal KP submission deadline.

2014 Part C Risk Scores for 2015 MA Revenues

	2013 Actual	2014 Score 4/18/2015 Extract	2014 Score 5/23/2015 Extract	2014 v 2013	2014 Budget	Variance	Remaining Initiatives for 2014 Encounters
Colorado**	1.1451	1.1735	1.1581	0.0130	1.1808	-0.0227	NLP
Georgia	0.9855	1.0577	1.0536	0.0681	1.0512	Above Budget	
Hawaii	1.0382	1.0594	1.0601	0.0218	1.0590	Above Budget	NLP
Northern California	1.1604	1.1834	1.1830	0.0226	1.1761	Above Budget	NLP; External claims review; Inpatient Dec-Jan crossover review
Northwest	1.0954	1.1187	1.1187	0.0233	1.1142	Above Budget	NLP
Southern California	1.1414	1.1658	1.1654	0.0240	1.1505	Above Budget	NLP
MA Regions*	**1.1415**	**1.1662**	**1.1658**	**0.0243**	**1.1571**	**Above Budget**	
Mid-Atlantic	0.9277	0.9653	0.9654	0.0378	NA	NA	

Updated 05-23-2015

* The MA Regions risk score is an average of the regional risk scores, weighted by proportion of membership

** Colorado 2014 score is from 5/30/15 extract

2014 data are not final. Final submission deadline is January 31, 2016.

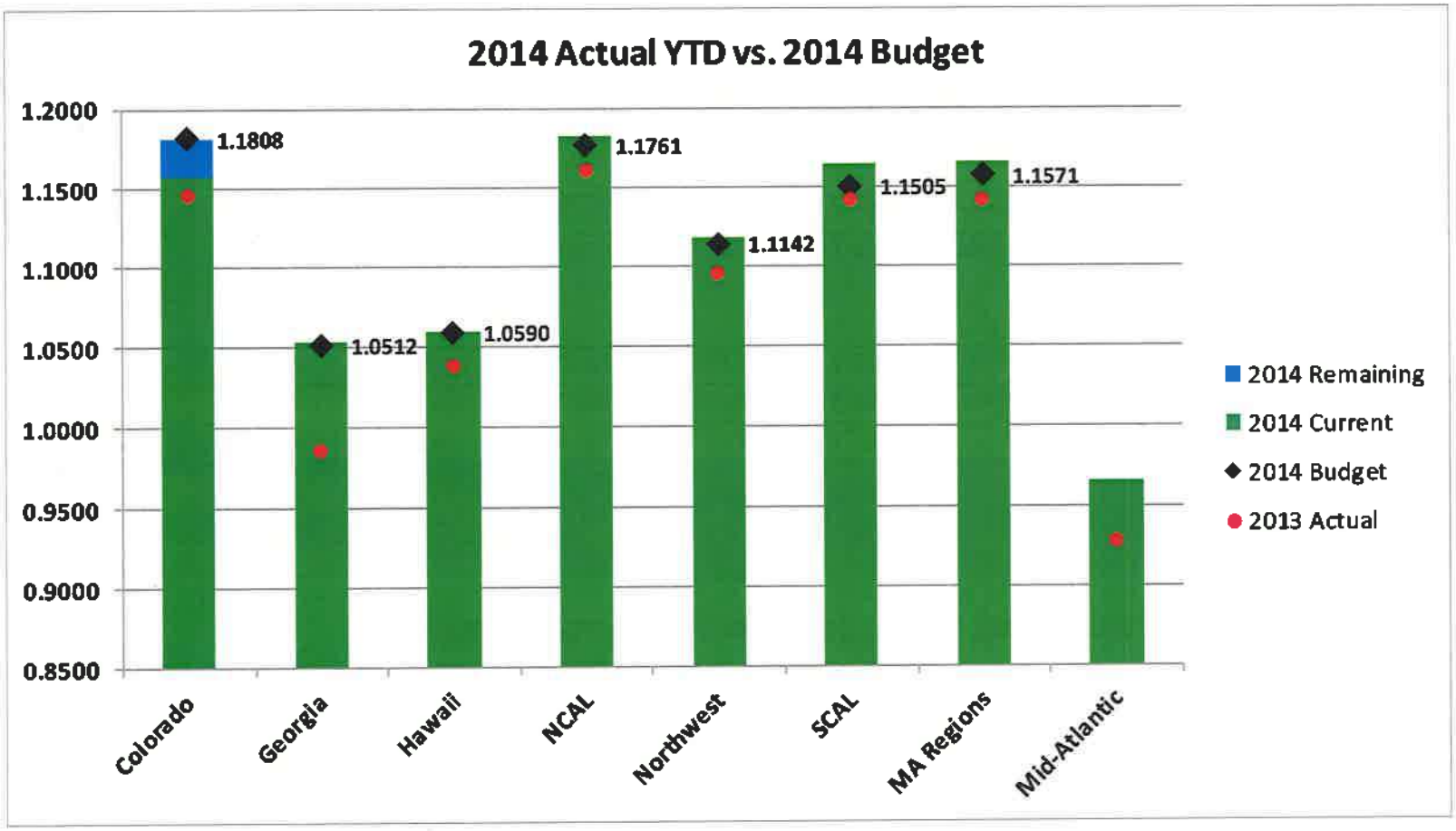
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2014 Risk Score Improvement Targets by Region

Medicare

2013 and 2014 scores calculated under the 2015 payment blend (67%/33%)



2014 data are not final. Final submission deadline is January 31, 2016.

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2015 Program-wide YTD Risk Score

Medicare

This slide shows 2014 and 2015 scores under the 2014 model, which CMS will use for 2016 payments.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2014	0.6394	0.7402	0.8195	0.8800	0.9305	0.9713	1.0049	1.0357	1.0628	1.0847	1.1047	1.1205
2015	0.6482	0.7534	0.8361	0.8871								
Change	0.0088	0.0133	0.0165	0.0071								
Trajectory	0.6409	0.7419	0.8214	0.8821	0.9327	0.9736	1.0072	1.0381	1.0653	1.0872	1.1073	1.1231
Target												1.1231
Target Increase												0.0026



Through March dates of service, risk score is ahead of last year by 1.6 points. Current target is for a 0.26 point increase over year end 2014 score.

2014 data are not final. Final submission deadline is January 31, 2016.

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2015 Risk Score Improvement by Refresh Type

Medicare

This slide shows 2014 and 2015 scores under the 2014 model, which CMS will use for 2016 payments.

2015 Program-wide MA risk score YTD is above prior year by 1.6 points

- Higher than last year in most Regions
- Annual target is for a 0.3 point increase program-wide

YTD 2015 Risk Score Compared to Same Months of 2014
By Refresh Type

	DOS Thru Date	Chronic Refresh	New HCCs	Other (1)	2015 YTD vs. 2014 Same Months	2015 Annual Budget Imprvm't (2)
Colorado	Mar	0.0171	0.0054	0.0014	0.0239	0.0196
Georgia	Mar	0.0405	0.0100	0.0094	0.0599	0.0369
Hawaii	Mar	(0.0090)	(0.0080)	(0.0036)	(0.0206)	0.0008
Mid-Atlantic	Mar	(0.0063)	0.0108	(0.0008)	0.0037	NA
Northern California	Mar	0.0138	(0.0003)	0.0040	0.0175	0.0033
Northwest	Mar	0.0239	(0.0012)	0.0030	0.0257	0.0197
Southern California	Mar	0.0102	(0.0035)	0.0089	0.0156	(0.0007)
MA Regions	Mar	0.0132	(0.0020)	0.0053	0.0165	0.0030

Updated 05-23-2015
(1) Including non-chronic refresh, refresh of HCCs for new-to-KP members, and demographics.
(2) Improvement compared to current 2014 scores.

2014 data are not final. Final submission deadline is January 31, 2016.

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2015 Metrics

Medicare

This slide shows 2014 and 2015 metrics under the 2014 model, which CMS will use for 2016 payments.

- 2015 performance is mixed
- More than 73% of the members have already been seen

2015 Metrics (2014 CMS Model)

Region	Access - % Mems w/RATS Enc			Prevalence - % Mems w/HCC			Complexity - HCCs/1000 Mems		
	2014	2015	YOY	2014	2015	YOY	2014	2015	YOY
Colorado	70.9%	72.0%	1.1%	40.3%	42.1%	1.8%	1,083	1,121	38
Georgia	77.9%	78.9%	1.0%	48.3%	52.6%	4.3%	1,049	1,247	197
Hawaii	78.6%	77.1%	-1.5%	44.9%	41.7%	-3.2%	978	883	(95)
Mid-Atlantic	74.1%	68.9%	-5.2%	42.6%	40.0%	-2.5%	879	867	(13)
Northern California	71.0%	69.7%	-1.3%	49.2%	49.0%	-0.1%	1,253	1,281	27
Northwest	73.9%	74.4%	0.5%	45.6%	47.4%	1.8%	1,125	1,195	70
Southern California	76.9%	76.0%	-1.0%	51.7%	51.9%	0.1%	1,228	1,250	22
MA Regions	**73.9%**	**73.1%**	**-0.8%**	**49.2%**	**49.4%**	**0.3%**	**1,212**	**1,240**	**28**

05-23-2015 RATS extract. Continuous members only.

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ACA Risk Score Summary – March 2015

- Existing Member year-to-date scores are higher than last month by 1.86 points program-wide.
  - Declines in some regions may be due to high proportions of 2015 existing members joining KP in 2014, a cohort who has shown to have lower scores than those who were members with KP before 2014.

ACA Risk Score Summary - March 2015 YTD					
	Risk Score				
Region	2015 YTD Existing	2014 YTD Existing	2015 vs. 2014 YOY	2015 YTD New	2015 YTD All Members
CO	0.7428	0.7585	(0.0157)	0.6789	0.7330
GA	0.9072	0.9259	(0.0187)	0.6472	0.8469
HI	0.7348	0.7683	(0.0335)	0.5504	0.7104
MA	0.7479	0.7534	(0.0055)	0.5643	0.6529
NCAL	0.7524	0.7268	0.0256	0.6199	0.7320
NW	0.9122	0.8473	0.0649	0.8265	0.9021
SCAL	0.7508	0.7327	0.0181	0.5797	0.7122
PW	0.7592	0.7406	0.0186	0.6003	0.7262

Risk scores are based on 5/11/2015 data extract.
Risk scores are based on silver metal plan coefficients.
Risk scores do not account for ACA enrollment impact (non-ACA dx capture, ACA mbr month weights)

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ACA Performance Metrics Summary – March 2015

- Members Seen has been updated to reflect only HHS eligible encounters based on the CPT filtering logic of the HHS Model.
- Members Seen (42.10%) and Members with HCC (11.62%) are both lower compared to Medicare, meaning fewer ACA members come in for a visit and fewer of those ACA members with a visit result in an HCC.

ACA Performance Metrics Summary - March 2015 YTD					
	Members Seen	Mbrs w HCC	Membership Volume		
Region	2015 YTD Members Seen	2015 YTD Members with an HCC	2015 YTD Total	Existing Member %	New Member %
CO	33.55%	8.46%	95,336	84.8%	15.2%
GA	42.46%	12.81%	30,126	76.8%	23.2%
HI	40.22%	7.77%	31,160	86.8%	13.2%
MA	37.93%	9.41%	107,707	48.3%	51.7%
NCAL	41.06%	12.59%	561,985	84.6%	15.4%
NW	43.28%	11.98%	38,577	88.2%	11.8%
SCAL	46.43%	11.77%	428,418	77.4%	22.6%
PW	**42.10%**	**11.62%**	**1,293,309**	**79.2%**	**20.8%**

Note:

- Metrics are based on 5/11/2015 data extract.

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RA Risk Score Summary (Medicare, ACA, CALPERS)

Through March/April

Summary of Key Risk Score Performance Metrics												
	Medicare Risk Score				ACA Risk Score				CalPERS Risk Score			
Region	2014 YTD Continuous	2015 YTD Continuous	2015 vs. 2014 YOY	2014 YE Continuous	2014 YTD Existing	2015 YTD Existing	2015 vs. 2014 YOY	2015 YTD All Members	2014 YTD Existing	2015 YTD Existing	2015 vs. 2014 YOY	2015 YTD All Members
Period	3/2014	3/2015	Change	12/2014	3/2014	3/2015	Change	3/2015	4/2014	4/2015	Change	4/2015
CO	0.7504	0.7743	0.0239	0.8342	0.7585	0.7428	(0.0157)	0.7330				
GA	0.7312	0.7911	0.0599	0.8465	0.9259	0.9072	(0.0187)	0.8469				
HI	0.7389	0.7183	(0.0206)	0.7632	0.7683	0.7348	(0.0335)	0.7104				
MA	0.6850	0.6888	0.0037	0.7297	0.7534	0.7479	(0.0055)	0.6529				
NCAL	0.8406	0.8581	0.0175	0.9112	0.7268	0.7524	0.0256	0.7320	0.9553	1.0191	0.0638	0.9976
NW	0.7860	0.8117	0.0257	0.8674	0.8473	0.9122	0.0649	0.9021				
SCAL	0.8232	0.8388	0.0156	0.8855	0.7327	0.7508	0.0181	0.7122	0.9394	0.9793	0.0399	0.9583
PW	0.8195	0.8361	0.0165	0.8871	0.7406	0.7592	0.0186	0.7262				
	Extract Date: 5/23/2015				Extract Date: 5/11/2015				Extract Date: 5/11/2015			

*** Risk Scores should not be compared between RA Programs. HHS Model used for ACA and CalPERS risk scores. CMS model used for Medicare risk scores. Models are different and yield different results***

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Comparison of RATS to Encounter Data

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Comparison of RATS to Encounter Data

Project Objective

- Compare RATS data with encounter data to identify data gaps on encounter level; research for root causes; and close encounter data submission gaps to achieve completeness of encounter data submission for payment neutrality.

Increased Urgency – CMS has Initiated Migration to rely on EDS for Risk Adjustment Payment

- CMS will use 2014 diagnoses from both RAPS and EDS to calculate risk score for 2015 payment. Use of 2014 EDS will be reflected in the final risk score calculation, in July 2016. Encounter data is to be used together with RAPS and FFS data with no weight applied to any source.

- CMS will calculate risk score using 90% of risk scores based on RAPS and 10% risk scores based on EDS for payment year 2016 (2015 DOS)

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Comparison of RATS to Encounter Data

Risk and Remediation –

- EDS submission gap could have relevant diagnoses linked to unique HCC resulting in loss revenue for payment year 2016.

- We have developed Supplemental Diagnosis Submission (SDS) to capture relevant diagnose accepted by CMS in RATS submission but no in EDS submission. However, SDS has its limitation –

Internal/External	Dx in EDS	Encounters in EDS	SDS Coverage
Internal	Missing	Found	Use EDS encounter information + Missing Dx
Internal	Missing	Missing	Use default value for encounter information + missing Dx
External	Missing	Found	Use EDS encounter information + Missing Dx
External	Missing	Missing	Out of Scope – Risk of loss revenue not covered by SDS

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Comparison of RATS to Encounter Data

Challenges –

- RATS and EDS are two different submission flow from different sources. Matching the data, as well as root cause analysis is challenging.

- Discrepancies could be results of
  - Missing matching keys
  - True data gaps

Current Status and Call for Action –

- Discrepancies have been identified

- Need collaboration between Regional teams (Rev Cycle and Claims) and Decision Support teams –
  - To perform root cause analysis on discrepancies – pull examples to research discrepancies to identify patterns; code and flag in the discrepant claim population; repeat the root cause analysis cycle to understand drivers for all discrepancies;
  - For identified root causes, to determine priority and collaborate for solutions to close the data submission gaps

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UPCOMING 2015 EVENTS

RRG Events

- 07/21/2015 – RRG WebEx
- 08/18/2015 – RRG WebEx
- 09/15/2015 – RRG WebEx

Other Events

- 6/30 – Final 2014 ACA Data Submission Report

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EXHIBIT 11

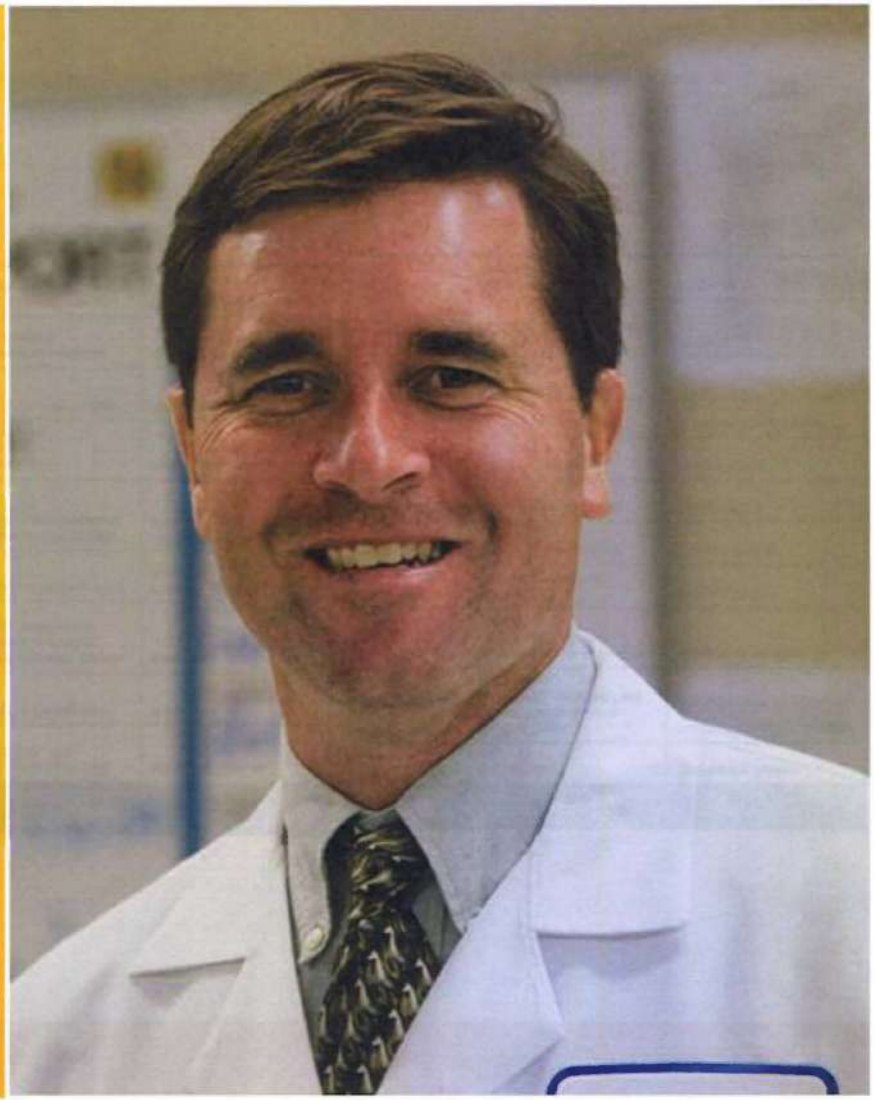
NORTHERN CALIFORNIA

Clinical Documentation Integrity (CDI) Program: Update

Dexter D'Costa, MBBS, MHA, CRCR
Regional Director, CDI

Helena Rush, RHIA, RHIT, CPC, CPC-H
QA Manager, CDI

HIM Peer Group Meeting
December 14, 2011



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revenueCYCLE

VH00371

CDI – Current Scope

CURRENT SCOPE (Phase 1)

- **Medicare Advantage population**
- **Specific Physician Groups**
  - HBS (Hospital-based Specialists)
  - Intensivists (select facilities)
- **20 Hierarchical Condition Categories (HCC) diagnoses**

	HCC	Condition	Body System / Disease Group
1	2	Sepsis (w/ pneumonia), SIRS, shock, UTI	Infectious Disease
2	7	Metastatic Cancer (all)	Neoplasm
3	10	Cancer: Prostate, Breast, Colorectal and other cancers and tumors	Neoplasm
4	15	Diabetes w / CKD or PVD	Endocrine / Nutrition & Metabolic
5	16	Diabetes w / Neuropathy and other manifestations	Endocrine / Nutrition & Metabolic
6	21	Protein Calorie Malnutrition (type/degree)	Nutrition & Metabolic
7	79	Respiratory Failure (all)	Respiratory System
8	105	PVD (with and without Complication)	Vascular System
9	131	Renal Failure/disease (include dialysis status)	Renal / Urinary system

	HCC	Condition	Body System / Disease Group
10	111, 112	Pneumonia *	Respiratory System
11	80,81, 82, 83, 92	Cardiac (heart failure*/shock, cardiac arrhythmia, acute MI,* old MI, angina)	Cardiac/Circulatory System
12	148, 149	Pressure ulcers (Cellulitis and all other chronic ulcers)	Disease of the Skin
13	75, 95, 96	Stroke* / CVA / Hemorrhage (coma)	Nervous System
14	100	Stroke* / CVA residual deficit	Nervous System
15	154, 155	Head Injuries (Trauma)	Trauma/Injury
16	157	Vertebral Fractures (Trauma)	Trauma/Injury
17	158	Hip Fractures (Trauma)	Musculoskeletal System
18	161	Traumatic Amputation (include status)	Injury
19	176	Artificial Opening feeding/Ostomies (status)	2nd Dx
20	177	Amputation Status and Complications	2nd Dx

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NORTHERN CALIFORNIA

CDI Roll-Out

2009 – 1 facility, 2010 – 5 facilities, 2011 – 15 facilities

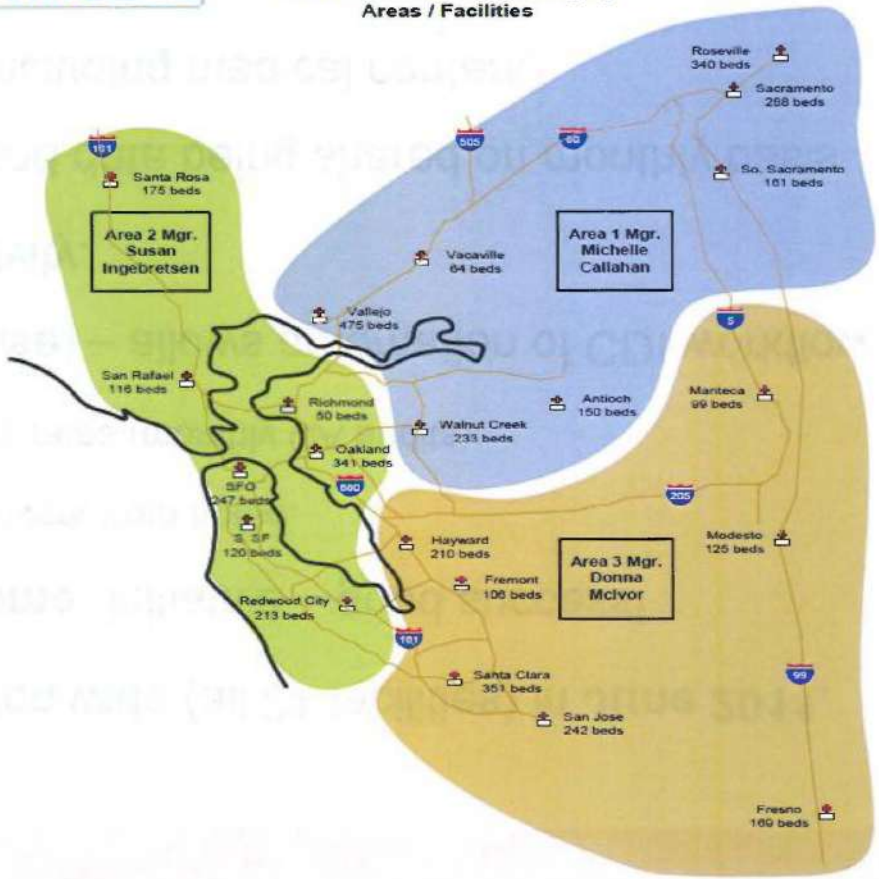
CDI Roll-Out: NCAL Region

- South Sacramento: 12/2009
- South San Francisco: 10/04/2010
- Antioch: 11/29/2010
- Walnut Creek: 11/29/2010
- Roseville: 11/29/2010
- Sacramento: 11/29/2010
- Vallejo: 1/24/2011
- Vacaville: 1/24/2011
- Oakland: 2/14/2011
- Richmond: 2/14/2011
- San Francisco: 2/14/2011
- Redwood City: 2/14/2011
- Santa Rosa: 3/28/2011
- San Rafael: 4/11/2011
- Fremont: 4/25/2011
- Hayward: 4/25/2011
- San Jose: 5/9/2011
- Santa Clara: 5/9/2011
- Fresno: 6/6/2011
- Modesto: 6/6/2011
- Manteca: 6/6/2011

revenueCYCLE

Northern California
Clinical Documentation Integrity
Areas / Facilities

October 27, 2011



CDI Area Managers & Facilities Covered

Area 1 Mgr. – Michelle Callahan – Facilities: Antioch, Roseville, Sacramento, So. Sacramento, Vacaville, Vallejo, Walnut Creek
Area 2 Mgr. – Susan Ingebretsen – Facilities: Oakland, Redwood City, Richmond, San Francisco, San Rafael, Santa Rosa, So. San Francisco
Area 3 Mgr. – Donna McIvor – Facilities: Fremont, Fresno, Hayward, Manteca, Modesto, San Jose, Santa Clara

KAISER PERMANENTE® revenueCYCLE

VH00373

REL0000170

CDI Milestones: 2011

- CDI Roll-out completed region wide (all 21 facilities) in **June 2011**.
- CDI Nurses "**Work from Home**" initiative – good success!
  - 30 out of 35 CDI staff (85.7%) work from home.
  - High Review & Query accuracy rates (monthly QA audits).
- **CDI Tool** developed (in-house) – allows automation of CDI workflow and enhanced staff productivity.
- **CDI Dashboard** validated and data being shared on monthly basis with KP NCAL leadership (including medical centers).

VH00374

NORTHERN CALIFORNIA

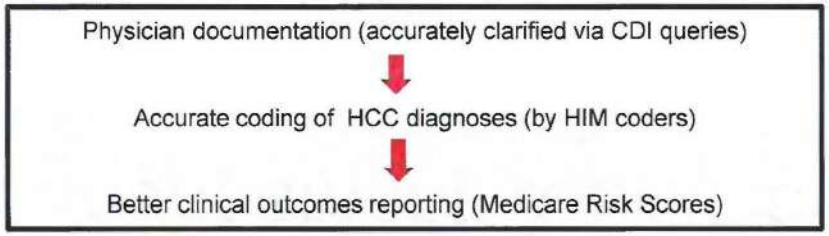
CDI Workflow

Medical Center CDI Leads

- **Physician Champion** – CDI medical leadership for the facility and regional CDI team
- **Regional CDI Manager** – Facility point of contact for all CDI operations

CDI Staff

- **Clinical Documentation Integrity Senior Consultants (CDISC)**
  - Clinical background - RN
  - 1-2 per medical center – remotely located/census driven
  - Performs concurrent reviews in HealthConnect to identify gaps in physician documentation.
  - Work remotely from home with queries sent via ***Dear Doctor Notes***
- **Clinical Documentation Integrity Consultants (CDIC)**
  - Inpatient coding background - CCS, RHIA, RHIT
  - Performs concurrent quality audits of CDISC work
  - Provides education to CDISC staff and ensures compliant queries



VH00375

REL0000172

NORTHERN CALIFORNIA

Physician Engagement & Education

PHYSICIAN ENGAGEMENT:

- **Monthly Phone Call with Physician Champion and CDI Leadership** to discuss data, develop plans for improvement, prepare for facility meeting.
- **Monthly In-Person HBS physician meetings** to share outcomes/receive feedback. CDI nurses attend HBS meetings.
- **Quarterly Physician Champion Meetings** (at Oakland) set up to facilitate sharing of "Best Practices".

PHYSICIAN FEEDBACK/EDUCATION:

- **CDI Query Escalation processes established at Medical Center**
  - ✓ Page - Phone Call - Weekly Reports (recently automated in CDI Tool)
- **CDI team working in collaboration with TPMG Physician Trainers**
  - ✓ EIO trainers invited to attend CDI HBS Meetings (and incorporate education sessions)
- **Physician-specific reports shared**
  - ✓ CDI sharing data with EIO data quality trainers on monthly basis.
  - ✓ Reports provide individual physician-specific data to identify improvement opportunities

VH00376

REL0000173

NORTHERN CALIFORNIA

HIM (Health Information Management) Partnership

- **GOAL: Ensure accurate capture of all HCC dx (based on CDI queries to physicians) reflected in coding.**
- **FINDINGS:** Reasons for "CDI-HIM GAP"
  - **Manual (and time intensive) process** for CDI QA staff to validate dx in KP Health Connect
  - **Lack of data** to identify cases needing CDI-HIM reconciliation
  - **No established process/timelines** for escalating cases to CDI-HIM leadership
- **PROCESS IMPROVEMENT:**
  - **Automated coding validation** in CDI Tool – May 2011
  - **Coding reconciliation process** with CDI QA and Regional HIM for "Agreed But Not Coded Dx" – May-June 2011
  - **Query communication** (Account Note) process in KPHC between CDI RNs and HIM coders – August 2011
- **OUTCOME:** Reduced "Agreed but Not Coded" CDI-HIM Gap to **1 - 4 %**

VH00377

NORTHERN CALIFORNIA

CDI UPDATE: October 2011

CDI Dashboard Facility: 21 NCAL KP hospitals Year: 2011

	Metrics	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
1	Overall Medicare Advantage CMI		1.58	1.61	1.58	1.69	1.67	1.67	1.65	1.69	1.67	1.72	1.65
2	Overall CDI Medicare Advantage CMI		1.55	1.57	1.64	1.64	1.63	1.64	1.63	1.67	1.65	1.7	1.63
3	# of Charts with Queries		667	608	768	854	849	1,010	978	975	968	1,250	8,927
		>30%	47%	38%	35%	36%	30%	32%	31%	30%	31%	38%	34%
4	# of Total Physician Queries		933	846	1,064	1,171	1,087	1,324	1,287	1,257	1,239	1,768	11,976
5	QUERY RESPONSE RATE		686	610	797	941	904	1,098	1,109	1,127	1,113	1,618	10,003
		>90%	74%	72%	75%	80%	83%	83%	86%	90%	90%	92%	84%
6	QUERY AGREE RATE		393	347	489	546	617	738	743	809	830	1,180	6,692
		>80%	57%	57%	61%	58%	68%	67%	67%	72%	75%	73%	67%
7	CODED BY HIM		379	345	481	543	609	724	729	798	810	1,098	6,516
		100%	96%	99%	98%	99%	99%	98%	98%	99%	98%	93%	97%
8	VALID HCCs		307	297	417	454	510	590	585	629	621	892	5,302
9	REVENUE IMPACT		$1,659,006	$1,554,105	$2,175,995	$2,436,074	$2,769,664	$3,166,611	$3,071,676	$3,363,463	$3,297,033	$4,314,520	$27,808,145

Report Run Date: 11/22/2011

KEY FINDINGS:

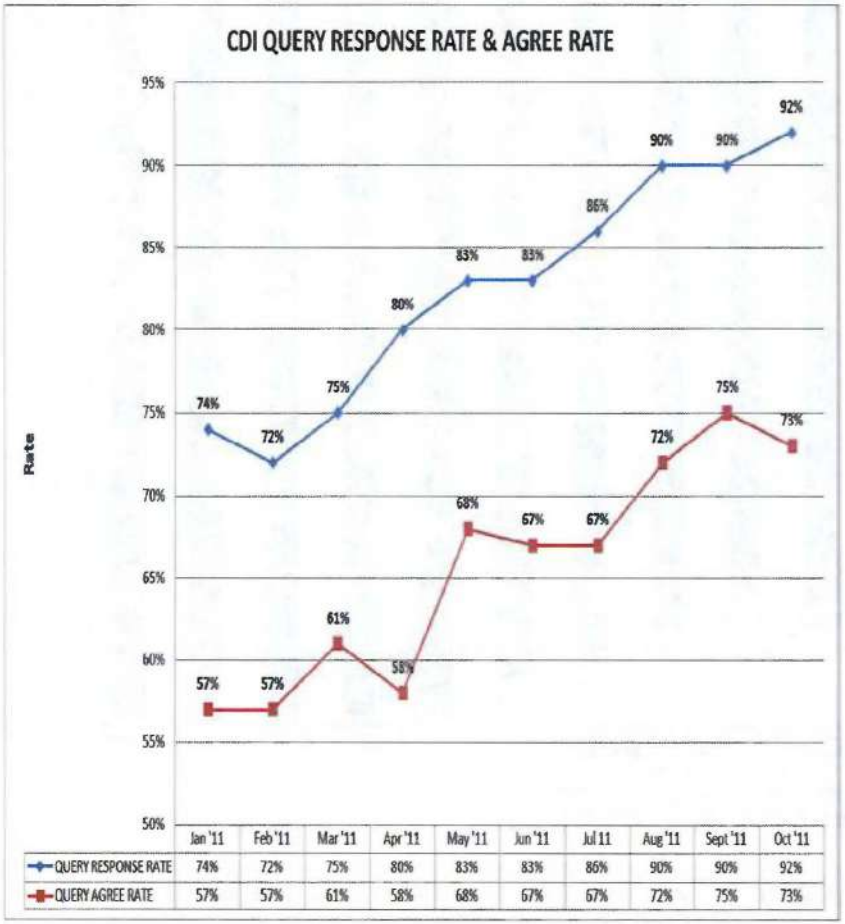
- Query Response Rate (Oct 2011) = 92% → Last 3 months: Query Response Rate met 90% target for NCAL region.
- Query Agree Rate (Oct 2011) = 73%
- Revenue Impact (Oct 2011) = $ 4.31 million
- YTD 2011 = $ 27.80 million

KAISER PERMANENTE® revenueCYCLE

VH00378

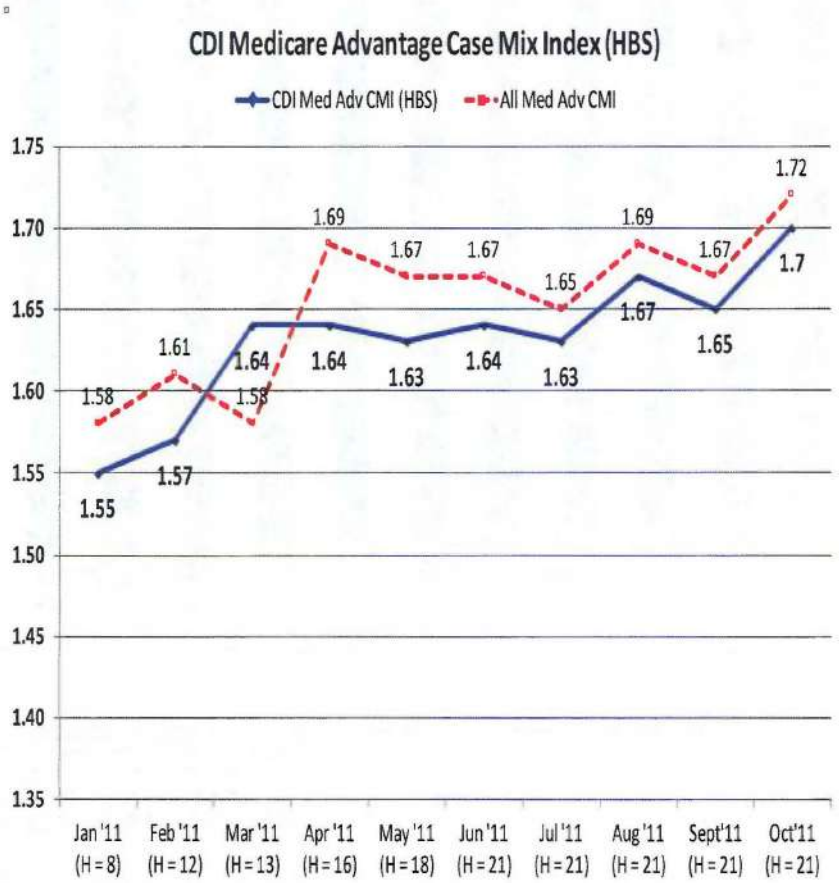
NORTHERN CALIFORNIA

CDI Metrics 2011: Trends & Impact



	Jan '11	Feb '11	Mar '11	Apr '11	May '11	Jun '11	Jul 11	Aug '11	Sept '11	Oct '11
QUERY RESPONSE RATE	74%	72%	75%	80%	83%	83%	86%	90%	90%	92%
QUERY AGREE RATE	57%	57%	61%	58%	68%	67%	67%	72%	75%	73%

Source: CDI Tool



Source: Finance & Reporting

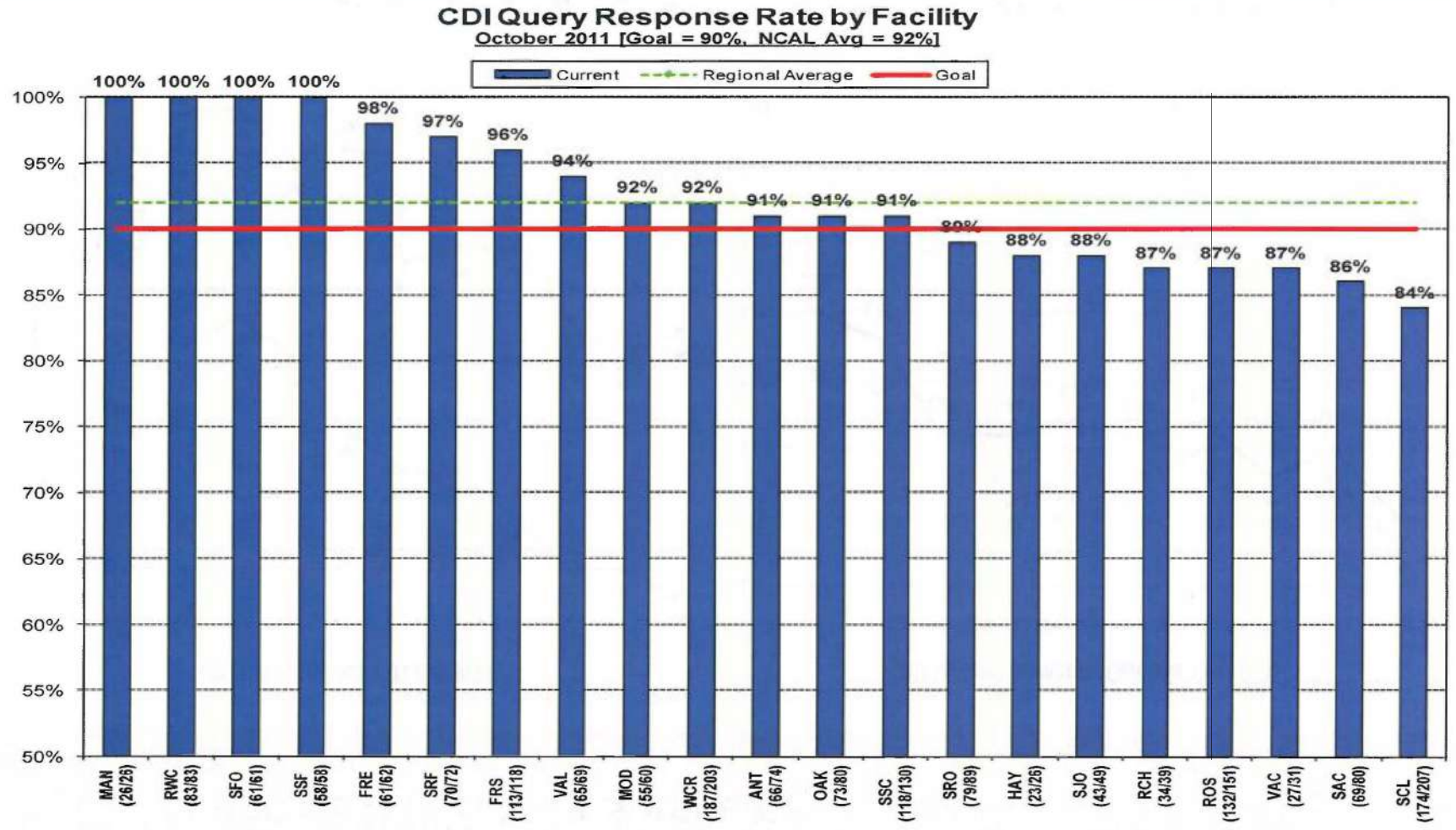
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VH00379

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Query Response Rate (Oct 2011):

➔ 13 facilities (61.9%) are at or above 90% target. (Last Month - 12 facilities were at or above 90% target.)



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Report Run Time: 11/22/2011 @4:20pm

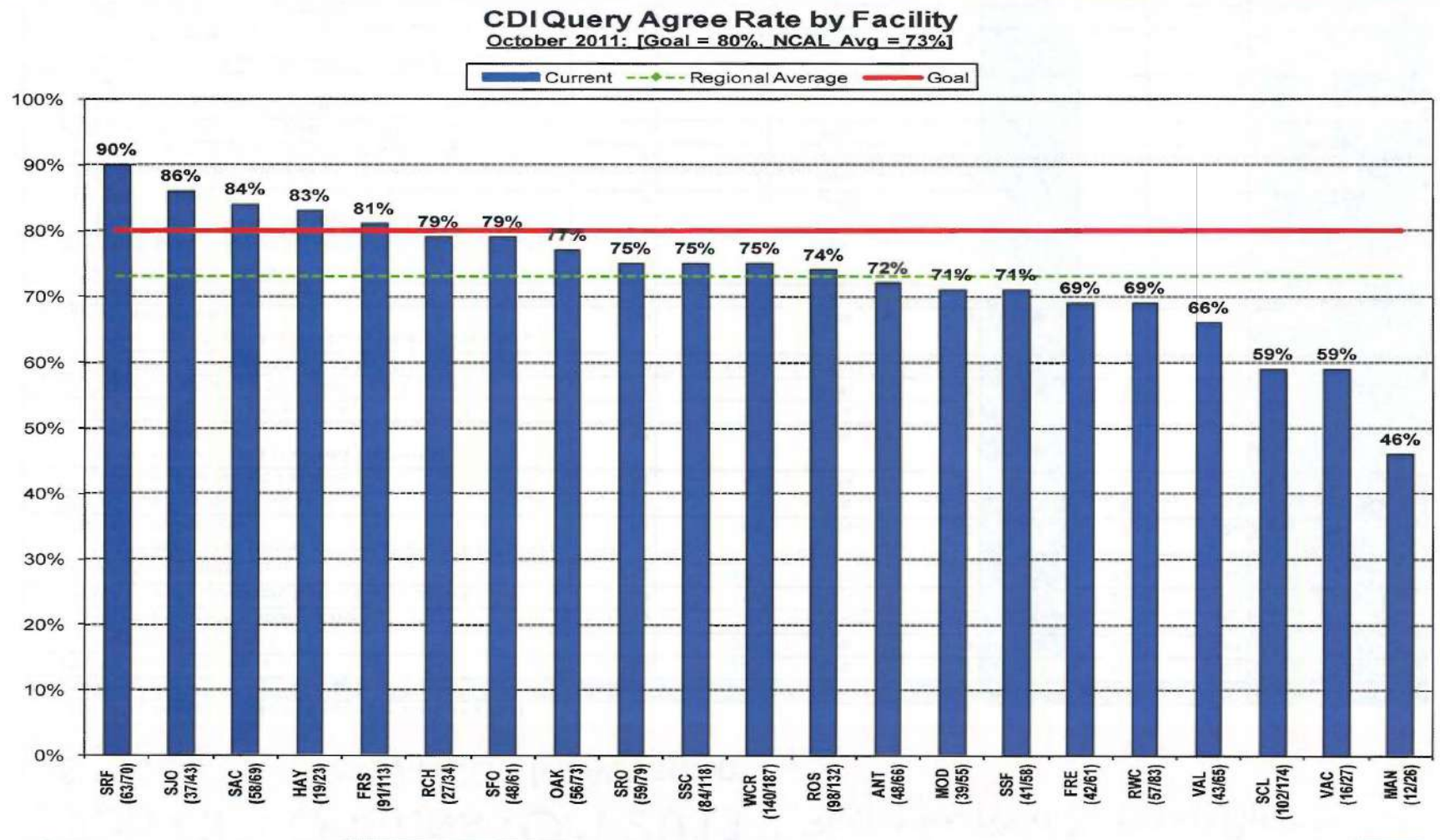
CONFIDENTIAL – For Internal Use Only

VH00380

NORTHERN CALIFORNIA

Query Agree Rate (Oct 2011):

➔ Agree Rate: 5 facilities (23.8%) are at or above 80% target. (Last Month – 7 facilities were at or above 80% target.)



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Report Run Time: 11/22/2011 @4:20pm

VH00381

NORTHERN CALIFORNIA

Top CDI Queries (Oct 2011): Response Rate %, Agree Rate % & Revenue Impact by HCC - NCAL region

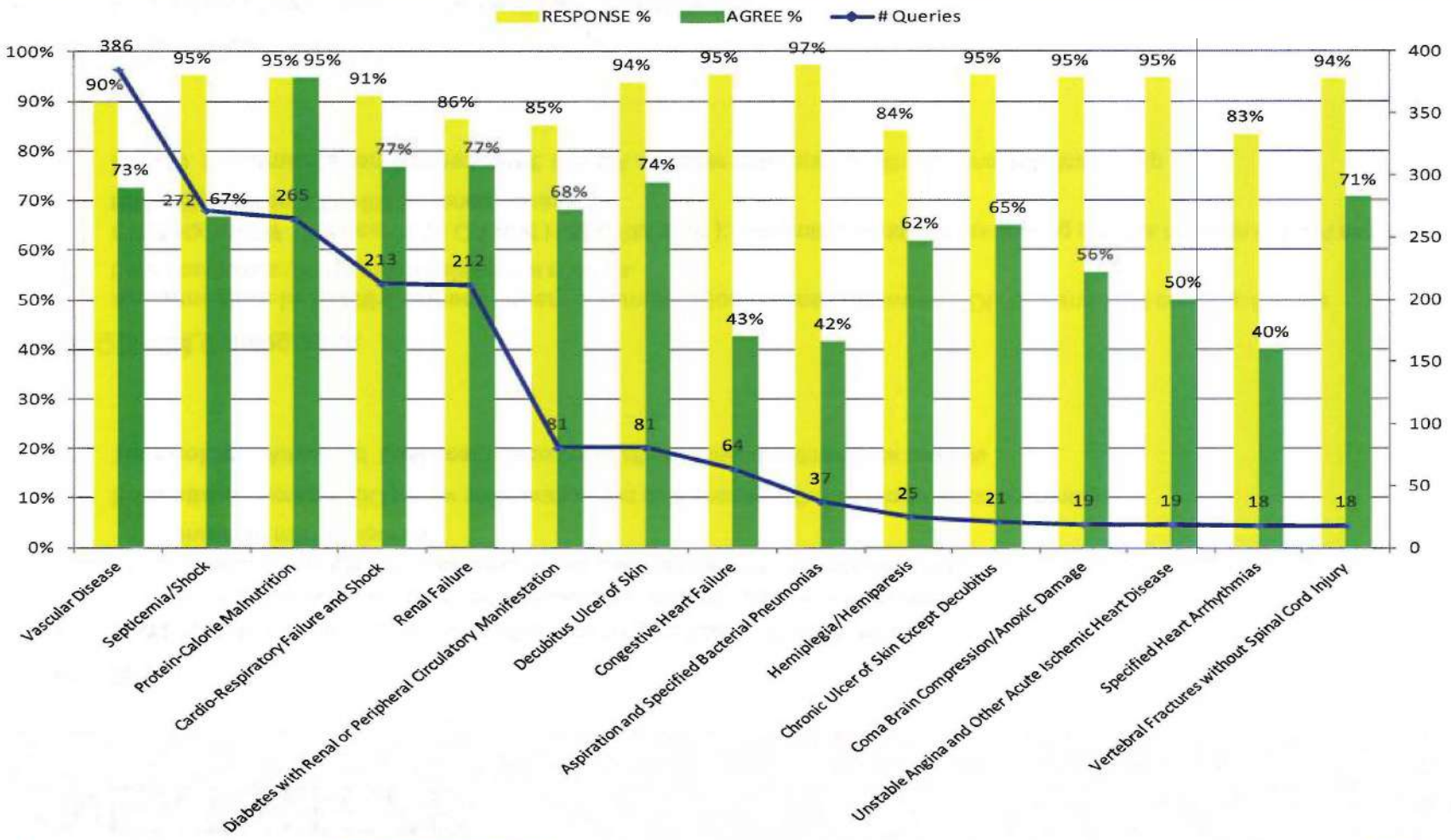
CDI HCC Analysis - NCAL Region (October 2011)

HCC Id	HCC Name	Queried	Responded	RESPONSE %	Agreed	AGREE %	Coded	Valid HCC	REVENUE IMPACT
105	Vascular Disease	386	347	90%	252	73%	225	201	$516,258
2	Septicemia/Shock	272	259	95%	173	67%	167	143	$882,188
21	Protein-Calorie Malnutrition	265	251	95%	238	95%	230	187	$1,301,066
79	Cardio-Respiratory Failure and Shock	213	194	91%	149	77%	136	100	$469,798
131	Renal Failure	212	183	86%	141	77%	131	110	$329,021
15	Diabetes with Renal or Peripheral Circulatory Manifestation	81	69	85%	47	68%	43	26	$107,355
148	Decubitus Ulcer of Skin	81	76	94%	56	74%	54	43	$402,978
80	Congestive Heart Failure	64	61	95%	26	43%	25	20	$66,650
111	Aspiration and Specified Bacterial Pneumonias	37	36	97%	15	42%	14	12	$68,568
100	Hemiplegia/Hemiparesis	25	21	84%	13	62%	11	8	$28,415
149	Chronic Ulcer of Skin Except Decubitus	21	20	95%	13	65%	12	6	$21,897
75	Coma Brain Compression/Anoxic Damage	19	18	95%	10	56%	9	6	$20,239
82	Unstable Angina and Other Acute Ischemic Heart Disease	19	18	95%	9	50%	7	7	$16,158
92	Specified Heart Arrhythmias	18	15	83%	6	40%	5	3	$7,144
157	Vertebral Fractures without Spinal Cord Injury	18	17	94%	12	71%	11	7	$25,205
16	Diabetes with Neurologic or Other Specified Manifestation	9	8	89%	7	88%	7	3	$9,949
81	Acute Myocardial Infarction	7	6	86%	2	33%	2	2	$5,836
83	Angina Pectoris/Old Myocardial Infarction	5	5	100%	2	40%	2	2	$3,966
104	Vascular Disease with Complications	4	3	75%	3	100%	2	1	$4,958
112	Pneumococcal Pneumonia Emphysema Lung Abscess	3	3	100%	3	100%	2	2	$4,048
10	Breast Prostate Colorectal and Other Cancers and Tumors	3	3	100%	1	33%	1	1	$1,691
158	Hip Fracture/Dislocation	2	1	50%	0	0%	0	0	$0
7	Metastatic Cancer and Acute Leukemia	2	2	100%	1	50%	1	1	$18,499
176	Artificial Openings for Feeding or Elimination	1	1	100%	0	0%	0	0	$0
95	Cerebral Hemorrhage	1	1	100%	1	100%	1	1	$2,633
	Total:	**1,768**	**1,618**	92%	**1,180**	73%	**1,098**	**892**	**$4,314,520**

VH00382

NORTHERN CALIFORNIA

Top 15 CDI Queries (Oct 2011): Response Rate %, Agree Rate % by HCC - NCAL region



NEXT STEPS:

#1. CDI:

- **PHYSICIAN:** Perform detailed Query Response/Agree Rate analysis by HCCs.
  - Focus on Queries with low "query rate" (if missed query opportunity) e.g. Aortic Atherosclerosis
  - Focus on Queries with "low" agree rates (if MD education needed) e.g. Coma, Hemiplegia, CHF
  - Intensivists (ICU) engagement
- **Education:** Increase EIO trainer collaboration and data sharing with CDI (documentation trends).
- **Technology:** Advanced Dashboard Reporting – allow further drill-down/data analysis

#2. CDI-HIM Collaboration

- **Account Note in HealthConnect** - query communication process (between CDI RNs and HIM coders): Provide trends/outcomes data to measure/evaluate success.
- **CRM Hand-Off** (between CDI QA and HIM CRM staff): Streamline workflow/data sharing process between CDI QA and HIM CRM staff on "CDI-HIM Variance" cases.
- **ICD-10 Documentation Assessment**: CDI QA manager collaborating with Regional HIM leadership.

#3. CDI PHASE 2: Year 2012

- **New HCCs** - Morbid Obesity, Dementia with complications
- **Additional Physician Specialties** - General Surgery [work in progress!!!]
- ***Linkage to Quality and HIM initiatives*** – *Hospital-Acquired Conditions (HACs), Present-on-Admission (POA)*

VH00384

NORTHERN CALIFORNIA

QUESTIONS



- **Dexter D'Costa MBBS, MHA, CRCR**
  Regional Director, CDI
  Office: 510-625-5350
  Cell: 510-301-0323
  Email: Dexter.G.Dcosta@kp.org

- **Helena Rush, RHIA, RHIT, CPC, CPC-H**
  AHIMA Certified ICD-10-CM-PCS Trainer
  Regional QA Manager, CDI
  Office: (510) 625-5652
  Cell: (510) 381-7633
  Email: Helena.C.Rush@kp.org

Visit us at CDI Wiki: https://wiki.kp.org/wiki/x/uQRqCQ



EXHIBIT 12

AHA Coding Clinic for ICD-9-CM

Request for Coding Advice

Please formulate and submit your specific question regarding ICD-9-CM coding. Only one question may be submitted per request. Include pertinent documentation along with your request that will assist the Central Office in determining the appropriate diagnosis and/or procedure code assignment(s). The health record
Documentation may include copies of the discharge summary, history and physical examination, consultation report, progress notes and operative and pathology reports (if applicable). Other relevant information such as nursing or physician notes should be presented in a typed format. Questions submitted without the supporting
health record documentation may be returned unanswered.

In accordance with HIPAA requirements, remove all identifying information (i.e., hospital name, patient name, birth date, social security number and provider identifiers) from copies of the medical record documentation. Any request not complying with HIPAA will be returned unanswered.

Complete the form below and mail it along with your supporting documents to:

Central Office on ICD-9-CM
Coding Advice
American Hospital Association
155 North Wacker Drive, Suite 400
Chicago, IL 60606
You may also fax the question and documentation to: 312/278-0838 or 312/422-4583

Request for Coding Advice
Date: 12/30/2012
Name: Gloryanne Bryant
Department: Regional HIM
Facility: Kaiser Permanente Rev Cycle
HIM
Address: 1800 Harrison St., #24
City: Oakland State: CA Zip Code: 94612
Phone Number 510 625 3980 Email Address
gloryanne.h.bryant@kp.org
Question:
Many physicians believe that the diagnosis/condition of Aortic Atherosclerosis is a Chronic Systemic Condition. We had our physicians provide education about this condition and this included risk factors with AA:

Dyslipidemia (high LDL, low HDL): high cholesterol
☐ Diabetes ☐ Smoking ☐ Obesity
☐ Metabolic Syndrome (abdominal obesity, along with at least 2 of the following: dyslipidemia, hypertension, insulin resistance)

☐Hyperinsulinemia	☐Prothrombotic states	
☐Hypertension	☐Renal insufficiency	
☐Systemic infections	☐Age	☐Family history
☐Sedentary lifestyle		

Thus, like COPD or Diabetes Mellitus, CAD, Lupus, should we code Aortic Atherosclerosis condition when documented, either outpatient or inpatient record similar to COPD? Thank you.

EXHIBIT 13

Coding Clinic question re Aortic Atherosclerosis

Janet D Franklin to: Nancy J Andersen, Diana Medal, Gloryanne H Bryant, Joan M Guilford 08/25/2014 02:17 PM

Default custom expiration date: 08/25/2015

Attached is a draft copy of the letter to Coding Clinic for you to submit for further review to Simon and other stakeholders (Anne V Cadwell, Steven Olson, Treska T Francis, James M Taylor)

Aortic Atherosclerosis Packet for Coding Clinic, Draft 1.pdf

Thanks,

Janet (don't forget the) D Franklin

Janet D Franklin, RHIT, CCS, CCS-P, CHC
AHIMA Approved ICD-10-CM/PCS Trainer
Compliance Manager, Government Audit and Reimbursement
National Compliance, Ethics & Integrity Office
Office: 8-423-5735, 510-271-5735
Fax: 8-423-5039, 510-891-5039

Admin Assistant: Elizabeth Styles
8-423-6831, 510-271-6831

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

Central Office on ICD-10-CM
American Hospital Association

Request for Coding Advice

Question: We would like to ask Coding Clinic for clarification as to whether a diagnosis of aortic atherosclerosis would be considered a systemic condition that can be coded even in the absence of active intervention in the same way that other systemic diagnoses noted in Coding Clinic (e.g. COPD, CHF, Diabetes, Parkinson's Disease, hypertension) may be coded without additional documentation of evaluation, treatment, consideration; etc.

This issue has come to light primarily in review of the documentation and coding of physician office encounters

An earlier request for coding advice was made regarding the status of this diagnosis as a systemic condition and the response from Coding Clinic was that if the impact were unclear, the physician should be queried. Please see attached response Ref#50001447.213

Some interpreted this advice to mean that aortic atherosclerosis would not be considered a systemic condition, because if it were, it would not be necessary to query the physician. Others felt that this meant if the physician considered the condition to be systemic; it could be coded with just listing the condition as one of the patient's conditions with no documentation as to impact of the condition on the encounter. For instance, a patient may come in to see a provider to have a dog bite treated. All physician documentation is related to the dog bite. No mention of aortic atherosclerosis is made anywhere in the encounter note, yet the physician assigns it as a visit diagnoses which in our electronic record results in the code being submitted for the encounter, or it may be listed in the problem list and brought down as a visit diagnosis, again without any further documentation elsewhere in the note, similar to the capture of COPD.

Another example may be where the physician copies and pastes in a previous radiology report which notes minimal aortic atherosclerosis as one of several observations. It may be a recent report or an older report. Again, no other mention of the condition is made but the diagnosis is captured as an encounter diagnosis and the code reported.

Related to this question is the clarification of the documentation required to support the coding of the diagnosis of aortic atherosclerosis if, in fact, it is not considered a systemic condition. Some providers feel that the fact that the patient's hypertension was evaluated supported assigning a visit diagnosis of aortic atherosclerosis resulting in the submission of the related code. In some cases the aortic atherosclerosis is listed in the problem list, and the provider, while not mentioning the aortic atherosclerosis, does document information related to the patient's hypercholesterolemia and/or hyperlipidemia and the treatment for those conditions and considers this to be sufficient documentation to assign a visit diagnosis of aortic atherosclerosis resulting in submission of the related code.

We have two examples attached for your consideration. We would appreciate your review and opinion. As this is an issue where providers are generating the encounter note and documenting the visit

diagnosis which results in a code being submitted, this is not a query issue, but one of education for both our providers and coding auditors.

Thank you,

Janet Franklin, RHIT, CCS, CCS-P, CHC
Compliance Manager
National Compliance, Ethics & Integrity Office
Kaiser Permanente

Previous Coding Clinic Response
Ref #50001447.213

Central Office on
ICD-9-CM

American Hospital Association
155 N. Wacker Drive, Suite 400
Chicago, IL 60606-1725
312-422-3366
312-278-0838

May 16, 2013

Gloryanne Bryant
Regional HIM
Kaiser Permanente
1800 Harrison St., #24
Oakland, CA 94612

Dear Ms. Bryant,

This letter is in response to your request for clarification if it is appropriate to report aortic atherosclerosis as a chronic systemic condition.

When a patient has a chronic systemic condition that affects the patient the rest of his/her life, it is appropriate to assign a code for that condition.

As stated in *Coding Clinic* 3rd Quarter, 2007, Pages 13-14; "Chronic conditions such as, but not limited to, hypertension, Parkinson's disease, COPD, and diabetes mellitus are chronic systemic diseases that ordinarily should be coded even in the absence of documented intervention or further evaluation. Some chronic conditions affect the patient for the rest of his or her life and almost always require some form of continuous clinical evaluation or monitoring during hospitalization, and therefore should be coded." This advice applies to inpatient coding.

For outpatient encounters/visits, chronic conditions that require or affect patient care treatment or management should be coded. The Official Guidelines for Coding and Reporting for Outpatient Services, state, "Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the conditions(s). Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist. Conversely, conditions that do not require or affect patient care, treatment or management are not reported."

If the coder is unclear whether a specific condition meets the definition of a chronic or secondary diagnosis, it is appropriate to query the provider for clarification. Please see *Coding Clinic*, Second Quarter 2000 Pages: 20-21.

I trust this information will be of assistance to you.

Sincerely,

Diane Komar, RHIT
Coding Consultant
Ref. #50001447.213

AHA CENTRAL OFFICE
An American Hospital Association Service

American Hospital Association

This coding information is being provided specifically to you based on the facts and details you provided. The American Hospital Association has used its best efforts to provide accurate coding advice, but this advice should not be construed as providing clinical advice, dictating reimbursement policy, or a substitution for the judgment of a practitioner. This information is provided for individual reference only. Any reprint or distribution of all or part of this correspondence, without the express written consent of the American Hospital Association's Central Office on ICD-9-CM, is strictly prohibited.

Example Case 1

Office Visit

1/9/2013 Office Visit **Patient Name** | MRN:

Visit and Patient Information

Encounter Information

Date & Time	Provider	Department	Encounter #	Center
1/9/2013	XXX, MD	REDACTED		REDACTED

Encounter

Closed by XXX, MDon 1/9/13 at 6:19 PM

Diagnoses

TROCHANTERIC BURSITIS	- Primary	726.5
ATHEROSCLEROSIS AORTA		440.0

There are no scans attached to this encounter.

Future Appointments

View Future Appointments

After Visit Summary

After Visit Summary

Patient History

Patient History

History as of Encounter Date

Orders and Medications

Medication Administration Report for Patient Name

All administrations
No administration data available

Medications Reviewed

User	Date and Time
Name, RN [Z320811] **Meds**	2/6/2014

Comments as of 2/21/2005

took no pills today

Visit Summary

Default Flowsheet Data (all recorded)

Encounter Vitals

	01/09/13 1425
Enc Vitals	
BP	114/66 mmHg -JS
Pulse	88 -JS
Resp	18 -JS
Temp	97.6 °F (36.4 °C) -JS
Temp src	Tympanic -JS
SpO2	95 % -JS

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

User Key

Initials	Name	Effective Dates

Default Flowsheet Data (all recorded)

Additional Vitals

	01/09/13 1425
Cuff Size/Location	
Cuff Size	
BP Location	
Respiratory Vitals	
Activity	
SpO2	95 % -JS
O2 Method	
Pulse	88 -JS
Resp	18 -JS
Peak Flow	
Quality of Peak Flow	
Orthostatic Vitals	
Lying Heart Rate	
Lying BP	
Sitting Heart Rate	
Sitting BP	
Standing Heart Rate	
Standing BP	
Four Limb BP	
Four Limb Blood Pressure?	

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

User Key

Initials	Name	Effective Dates

All Flowsheet Templates (all recorded)

Encounter Vitals Flowsheet

Progress Notes

XXX, MD at 1/21/2013 8:29 AM

Status: Signed

Atherosclerosis of the aorta is added to diagnoses- 7/19/06 ct abd - "Minimal atherosclerotic calcification is shown in the aorta, but there is no aneurysm,dissection or rupture."

Electronically signed by XXX, MD at 1/21/2013 8:29 AM

XXX, MD at 1/9/2013 6:19 PM

Status: Signed

Pt presents with c/o knee and hip pain. He will have increased pain with prolonged standing or walking. He will increased pain at night which makes it more difficult to sleep. He has not had any distinct injury to the leg. Pain has now been present for the past 1 1/2 weeks. He has been using heat and some menthol topically. He has taken some pain pills that he had left over but these were not particularly helpful.

He states he used oxycodone from an old prescription.

He states he stopped all of his diabetes medications for several months, is now just taking cinnamon and some other over the counter supplements. He feels his blood sugar have been adequately controlled without medications- he has not taken these for months, he is not sure exactly when he stopped these. He has had home blood sugars < 150 consistently - he states 110 yesterday, 131 this morning when he checked.

OBJECTIVE: NAD. Vitals as above.
LLE- hip ROM is normal and he does not have significant discomfort with int/ext rotation or axial loading of the hip. He is tender to palpation around the greater trochanter and this is area of concern- palpation does reproduce his symptoms. He has some tenderness extending to the ITB as well, no tenderness around the L knee and no knee erythema/swelling.

ASSESSMENT: See dx.

PLAN:
1. Trochanteric bursitis handout is provided. We discussed cross-stretching, hamstring stretching, piriformis stretching. Ice to greater trochanter- avoid heat. Consider cortisone injection if symptoms are not improving.
2. As above, he has d/c his diabetes medications against my advice. He does not at this point want to restart these medications. He has had blood work drawn this morning and further consideration will be made after test results are available.

Electronically signed by XXX, MD at 1/9/2013 6:19 PM

Transcription

Transcription

Reason for Visit

LEG PROBLEM

Patient Instructions

Use **ice, not heat**, on the area of discomfort on your leg.

Anti-inflammatories like advil, aleve, and high dose aspirin should be avoiding as they can elevate the blood pressure, damage the kidneys, and cause stomach irritation/ulcers. **Tylenol is a safe choice for pain relief.**

You can take tylenol up to 1000mg 3 times per day for pain. The maximum dose of tylenol is 3000mg per 24 hours.

Trochanteric Bursitis: Exercises

Your Care Instructions

Here are some examples of typical rehabilitation exercises for your condition. Start each exercise slowly.

Ease off the exercise if you start to have pain.

Your doctor or physical therapist will tell you when you can start these exercises and which ones will work best for you.

How to do the exercises

Hamstring wall stretch

1. Lie on your back in a doorway, with your good leg through the open door.
2. Slide your affected leg up the wall to straighten your knee. You should feel a gentle stretch down the back of your leg.
   - Do not arch your back.
   - Do not bend either knee.
   - Keep one heel touching the floor and the other heel touching the wall. Do not point your toes.
1. Hold the stretch for at least 1 minute to begin. Then try to lengthen the time you hold the stretch to as long as 6 minutes.
2. Repeat 2 to 4 times.

If you do not have a place to do this exercise in a doorway, there is another way to do it:

1. Lie on your back, and bend the knee of your affected leg.
2. Loop a towel under the ball and toes of that foot, and hold the ends of the towel in your hands.
3. Straighten your knee, and slowly pull back on the towel. You should feel a gentle stretch down the back of your leg.
4. Hold the stretch for 15 to 30 seconds. Or even better, hold the stretch for 1 minute if you can.
5. Repeat 2 to 4 times.

Straight-leg raises to the outside

1. Lie on your side, with your affected leg on top.
2. Tighten the front thigh muscles of your top leg to keep your knee straight.
3. Keep your hip and your leg straight in line with the rest of your body, and keep your knee pointing forward. Do not drop your hip back.
4. Lift your top leg straight up toward the ceiling, about 12 inches off the floor. Hold for about 6 seconds, then slowly lower your leg.
5. Repeat 8 to 12 times.

Clamshell

1. Lie on your side, with your affected leg on top and your head propped on a pillow. Keep your feet and knees together and your knees bent.
2. Raise your top knee, but keep your feet together. Do not let your hips roll back. Your legs should open up like a clamshell.
3. Hold for 6 seconds.
4. Slowly lower your knee back down. Rest for 10 seconds.
5. Repeat 8 to 12 times.

Standing quadriceps stretch

1. If you are not steady on your feet, hold on to a chair, counter, or wall. You can also lie on your stomach or your side to do this exercise.
2. Bend the knee of the leg you want to stretch, and reach behind you to grab the front of your foot or ankle with the hand on the same side. For example, if you are stretching your right leg, use your right hand.
3. Keeping your knees next to each other, pull your foot toward your buttock until you feel a gentle stretch across the front of your hip and down the front of your thigh. Your knee should be pointed directly to the ground, and not out to the side.
4. Hold the stretch for 15 to 30 seconds.
5. Repeat 2 to 4 times.

Piriformis stretch

1. Lie on your back with your legs straight.

2. Lift your affected leg and bend your knee. With your opposite hand, reach across your body, and then gently pull your knee toward your opposite shoulder.
3. Hold the stretch for 15 to 30 seconds.
4. Repeat 2 to 4 times.

Double knee-to-chest

1. Lie on your back with your knees bent and your feet flat on the floor. You can put a small pillow under your head and neck if it is more comfortable.
2. Bring both knees to your chest.
3. Keep your lower back pressed to the floor. Hold for 15 to 30 seconds.
4. Relax, and lower your knees to the starting position.
5. Repeat 2 to 4 times.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

Where can you learn more?

Go to http://www.kp.org

Enter **N503** in the search box to learn more about **"Trochanteric Bursitis: Exercises."**

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Content Version: 9.4.94723; Last Revised: January 26, 2012

Level of Service

OUTPT EST LEVEL 3 [99213B]

Allergies

Reviewed On: **12/3/2012** By:

Allergies as of 1/9/2013

Allergen	Noted	Type	Reactions
Lisinopril	10/03/2008	Intolerance	Other
Cough			
No Latex Allergy	01/26/2005		
Smoke	02/21/2005		
bronchial spasma			

Current Medications

Current Medications Report (as of 01/09/13)

User Access Log

Opened By

User	Instant	Changed From	Changed To
Name (Lpn) **User**	01/09/13 1425	Appointment	Office Visit

Access Log

User Access Log for Encounter

Appointment Information

Previous Visit

12/3/2012 9:20 AM	Department REDACTED	Encounter # REDACTED

Electronically Signed: Charting

Date and Time	Name
Wed Jan 9, 2013 6:19 PM	XXX, MD

KPCO DIVERSITY QUESTIONNAIRE

Question	Answer
INTERPRETER?	**No [2]**
LANG SPOKEN	**English [22]**
LANG WRITTEN	**English [20]**
ETHNICITY	**Unknown [9]**
RACE	**Unknown - Patient Refusal or Acknowledgment of Race [64]**

BILLING QUERY

Create In Basket Message

MEDICARE QUERY

Create In Basket Message

Encounter Medications as of 1/9/2013

Outpatient Medications

	Quantity	Refills	Start	End
LEVOTHYROXINE 50 MCG ORAL TAB (Discontinued)	90	0/2	12/10/2012	7/31/2013
Sig : TAKE ONE TABLET ORALLY ONCE DAILY FOR THYROID REPLACEMENT				
Route: Oral				
Reason for Discontinue: Continue Therapy				
HYDROCHLOROTHIAZIDE 25 MG ORAL TAB (Discontinued)	90	1/1	9/14/2012	7/31/2013
Sig : TAKE ONE TABLET ORALLY EVERY DAY FOR BLOOD PRESSURE (DUE FOR APPT BY 1/2013!!!)				
Route: (none)				
Reason for Discontinue: Other Reason				
SIMVASTATIN 40 MG ORAL TAB	90	PRN	2/8/2012	2/7/2013
Sig : TAKE ONE TABLET ORALLY EVERY DAY FOR CHOLESTEROL				
Route: (none)				
ONE TOUCH ULTRA TEST MISC STRIPS	100	PRN	2/7/2012	2/6/2013
Sig : USE AS DIRECTED				
Route: Miscell. (Med.Supl.;Non-Drugs)				
OMEPRAZOLE 20 MG ORAL CPDR SR CAP	180	PRN	1/31/2012	1/30/2013
Sig : TAKE ONE CAPSULE ORALLY ONE TO TWO TIMES A DAY FOR ACID REFLUX				
Route: (none)				
ONE TOUCH DELICA LANCETS MISC MISC	100	PRN	1/31/2012	1/30/2013
Sig : USE AS DIRECTED FOR DIABETES				
Route: Miscell. (Med.Supl.;Non-Drugs)				
TERAZOSIN 1 MG ORAL CAP (Discontinued)	180	PRN	1/31/2012	1/30/2013
Sig : TAKE TWO CAPSULES ORALLY AT BEDTIME FOR BENIGN PROSTATIC HYPERTROPHY				
Route: (none)				
Reason for Discontinue: Continue Therapy				
GLIPIZIDE 10 MG ORAL TAB (Discontinued)	30	PRN	1/31/2012	1/15/2013
Sig : TAKE ONE-HALF TABLET ORALLY TWICE DAILY FOR DIABETES				
Route: Oral				
Reason for Discontinue: Discontinue Prescription				
LOSARTAN 25 MG ORAL TAB (Discontinued)	90	PRN	1/31/2012	1/30/2013
Sig : TAKE ONE TABLET ORALLY EVERY DAY FOR BLOOD PRESSURE AND KIDNEY PROTECTION				
Route: (none)				
Reason for Discontinue: Replaced by Pharmacy				
METFORMIN 1000 MG ORAL TAB (Discontinued)	180	PRN	1/31/2012	1/15/2013
Sig : TAKE ONE TABLET ORALLY TWICE DAILY FOR DIABETES				
Route: Oral				
Comment: Pharmacy- please make sure patient is aware that tablets have changed from 500 to 1000mg tabs.				
Reason for Discontinue: Discontinue Prescription				
TRIAMCINOLONE ACETONIDE 0.1 % TOP OINT	45	0.69/2	1/31/2011	1/31/2012
Sig : APPLY TO AFFECTED AREA A THIN LAYER TWICE DAILY				
Route: Topical				
Class: Fill Later				
PROAIR HFA 90 MCG/ACTUATION INHL HFAA	8.5	0/0	9/7/2010	10/7/2010
Sig : INHALE TWO PUFFS EVERY FOUR TO SIX HOURS AS NEEDED FOR WHEEZING AND COUGH				
Route: Inhalation				
Class: Fill Later				
CHOLECALCIFEROL (VITAMIN D3) 1000 UNIT	100	PRN	6/9/2010	

REDACTED

ORAL TAB
Sig : Take 1 tab once daily for vitamin D deficiency.
Route: Oral

DOXEPIN 10 MG ORAL CAP	60	0.33/1	8/13/2009	8/13/2010

Sig : TAKE ONE CAPSULE ORALLY EVERY NIGHT AT BEDTIME FOR SLEEP AND ITCHING
Route: Oral
Class: Fill Later

ASPIRIN 81 MG ORAL CHEW TAB	36	PRN	8/13/2009

Sig : CHEW 1 TAB PO ONCE DAILY FOR PREVENTION OF HEART ATTACK AND STROKE
Route: Oral
Class: Fill Later

OMEGA-3 FISH OIL 1,000 MG-5 UNIT CAP	90	PRN	5/13/2006

Sig : TAKE AS DIRECTED
Route: Oral
Class: OTC

VITAMIN E 400 UNIT CAP	100	0/0	5/13/2006

Sig : Pt is taking 1 capsule once daily
Route: Oral
Class: OTC

Inpatient Medications

	Dose	Frequency	Start	End
VICODIN 5-500 mg 2 Tab (Hydrocodone-Acetaminophen)	2 Tab	EVERY 4 HOURS AS NEEDED	2/25/2005 0542	(none)
Route: Oral Admin Dose: 2 Tab				
PERCOCET 5-325 mg 1 Tab (Oxycodone-Acetaminophen)	1 Tab	EVERY 3 HOURS AS NEEDED	2/25/2005 0542	(none)
Route: Oral Admin Dose: 1 Tab				
PERCOCET 5-325 mg 2 Tab (Oxycodone-Acetaminophen)	2 Tab	EVERY 3 HOURS AS NEEDED	2/25/2005 0542	(none)
Route: Oral Admin Dose: 2 Tab				

Example Case 2

Office Visit

6/24/2013 Office Visit **Patient Name | MRN:**

Visit Summary

Encounter Information

Date & Time	Provider	Department	Encounter #	Center
6/24/2013 2:10 PM	XXX (M.D.)			REDACTED

Reason for Visit

NUMBNESS

Diagnoses

MAJOR DEPRESSION, RECURRENT	- Primary	296.30
PERIPHERAL NEUROPATHY		356.9
ATHEROSCLEROSIS AORTA		440.0
CKD STAGE 3 (GFR 30-59)		585.3
HYPERLIPIDEMIA		272.4
HTN		401.9
GERD (GASTROESOPHAGEAL REFLUX DISEASE)		530.81
H PYLORI INFECTION		041.86

After Visit Summary

After Visit Summary

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
118/65	62	97 °F (36.1 °C)	17	5' 4.5"	200 lb (90.719 kg)

BMI	Sp02
33.81 kg/m2	99%

ALCOHOL SCREENING

How many times in the past three months have you had four or more drinks containing alcohol in a day?: 0
On average, how many days a week do you have an alcoholic drink?: 0
On a typical drinking day, how many drinks do you have?: 1

EXERCISE VITALS

06/24/2013	08/22/2012	04/27/2012	01/03/2012
40 minutes	140 minutes	140 minutes	Not addressed

All Flowsheet Data (all recorded)

Encounter Vitals

	06/24/13 1409
Enc Vitals	
BP	118/65 mmHg
Pulse	62
Resp	17
Temp	97 °F (36.1 °C)
SpO2	99 %
Weight	200 lb (90.719 kg)
Height	5' 4.5"

Not recorded

Visit Notes

MA Name, MA Mon Jun 24, 2013 2:10 PM
Preventative Health Prompts reviewed with patient
Domestic Violence screening done

Progress Notes

XXX (M.D.) at 6/24/2013 4:54 PM

Status: Signed

Clinical Progress Note:
Patient presents with a chief complaint of NUMBNESS

HPI: (Patient name) is a 77 Y , who presents for

DEPRESSION, MAJOR, RECURRENT (primary encounter diagnosis)
NEUROPATHY, PERIPHERAL
ATHEROSCLEROSIS AORTA
CKD STAGE 3 (GFR 30-59)
HYPERLIPIDEMIA
HYPERTENSION
GERD
Note: stable with her medications now.
Still has this tingling at her bilaterally fingers and toes since 05. No injury. Worry about diabetes mellitus. Wants to check lab.
Have reviewed lab from last year. No diabetes mellitus.

HELICOBACTER PYLORI INFECTION
Note: treated before. Needs check stool test.

I have reviewed (Patient)
medical history with no changes 6/24/2013 and social history with no changes 6/24/2013

Current Outpatient Prescriptions:
Lisinopril-Hydrochlorothiazide (PRINZIDE/ZESTORETIC) 20-12.5 mg Oral Tab, Take 1 tablet orally 2 times a day (Due for fasting lab and follow up with Primary Care Doctor before next refill)
Sertraline (ZOLOFT) 100 mg Oral Tab, Take 1 tablet orally daily

Review system: Review system: Review of Systems - History obtained from the patient
General ROS: negative for - chills or fever
Psychological ROS: negative for - anxiety, disorientation, hallucinations, hostility or irritability
Respiratory ROS: no cough, shortness of breath, or wheezing
Cardiovascular ROS: no chest pain or dyspnea on exertion
Gastrointestinal ROS: no abdominal pain,
Musculoskeletal ROS: negative for - gait disturbance, joint pain, joint stiffness, joint swelling, muscle pain or muscular weakness
Neurological ROS: no TIA or stroke symptoms

Physical Examination:
BP 118/65 | Pulse 62 | Temp 97 °F (36.1 °C) | Resp 17 | Ht 5' 4.5" | Wt 200 lb (90.719 kg) | BMI 33.80 kg/m2 | SpO2 99% General appearance - vital signs reviewed and alert, well appearing, and in no distress
Mental status - alert, oriented to person, place, and time
Respiratory - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry
Cardiovascular - normal rate and regular rhythm, normal S1, S2, no murmurs,

Bilaterally hands and feet-- Range of motion and muscle strength and sensation are within normal limits. Skin color is within normal limits. Peripheral pulse are within normal limits.
Negative for tinel's and phalet's sign

Data Reviewed:

WBC	6.2	08/22/2012
HCT	43.4	08/22/2012

HGB	14.0	08/22/2012
PLT	187	08/22/2012
CHOL	185	04/17/2012
HDL	44	04/17/2012
LDL CALC	117	04/17/2012
TRIG	121	04/17/2012
ALT	15	08/22/2012
AST	17	08/22/2012
BUN	16	08/22/2012
CREAT	1.08	08/22/2012
GFR-AFRAM	60	08/22/2012
GFR NONAFR AMER	49	08/22/2012
GFR-NONAFRAM	>60	07/14/2011
K	4.3	04/17/2012
NA	142	04/17/2012
TSH	1.14	04/17/2012
GLUC FAST	82	04/17/2012
HGBA1C %	5.9	08/22/2012
ESTIMATED AVERAGE GLUCOSE	123	08/22/2012

Assessment & Plan:
DEPRESSION, MAJOR, RECURRENT (primary encounter diagnosis)
NEUROPATHY, PERIPHERAL
ATHEROSCLEROSIS AORTA
CKD STAGE 3 (GFR 30-59)
HYPERLIPIDEMIA
HYPERTENSION
GERD
Note: most likely still her neuropathy since 05. Monitor. Repeat lab to rule/out diabetes mellitus.

HELICOBACTER PYLORI INFECTION
Note: check stool test.
Plan: HELICOBACTER PYLORI ANTIGEN, STOOL

As needed follow up if not well after the medications or early if worse the patient's symptoms. Understood the instructions well today. The patient is happy with the plan. The patient is satisfied with the care getting today.

Patient understands that it is the patients responsiiblility to call for questions or follow-up appointments for all reasons including routine health maintenance visits appropriate for patient's ages.

The patient may call me or e-mail me if the patient has any questions. My phone number is . For any medical information you can check my website at http://www.permanente.net/doctor

Electronically signed by XXX, MD

Scans

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

Patient-Level Documents:

There are no patient-level documents.

Instructions and Follow-Up

Patient Instructions

None

Future Appointments

None

Misc Information

Level of Service

OUTPT EST LEVEL 4 [99214B]

Encounter Status

Closed by XXX, M.D.) on 6/24/13 at 4:54 PM

Electronically signed by:

Signed	Title	Date	Time
XXX	MEDICAL DOCTOR	Jun 24, 2013	16:54:51

Re: Revision to Draft Question to AHA Coding Clinic on AA
Gloryanne H Bryant to: Nancy J Andersen 11/17/2014 05:41 AM
Cc: Diana Medal, Janet D Franklin
Default custom expiration date: 11/17/2015

Good morning, I'm fine with the letter and revisions.

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
"I Support ICD-10 Implementation in 2015"
National Director Coding Quality, Education, Systems and Support
National Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
1 Kaiser Plaza- 15th floor, Office #1543, Oakland, CA 94612
510 267-7559 (tel)
510 267-7606 (fax)
email: Gloryanne.h.bryant@kp.org
kp.org.thrive
http://insidekp.kp.org/finance/revenuecycle
National Coding Quality Wiki Site: https://wiki.kp.org/wiki/display/coding/HOME

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Nancy J Andersen Hi Janet, I had received feedback from Simon a... 11/16/2014 10:23:49 PM

From: Nancy J Andersen/CA/KAIPERM
To: Janet D Franklin/PO/KAIPERM@KAIPERM
Cc: Gloryanne H Bryant/CA/KAIPERM@KAIPERM, Diana Medal/PO/KAIPERM@KAIPERM
Date: 11/16/2014 10:23 PM
Subject: Revision to Draft Question to AHA Coding Clinic on AA

Hi Janet,

I had received feedback from Simon a while ago regarding your initial draft of the AA question for Coding Clinic. He did not want any reference made to "copy and paste". I have made a few minor revisions to your original letter; please take a look and let me know if you agree with the revisions.

Gloryanne and Diana - please also review the revisions and provide feedback, thanks!

[attachment "Aortic Atherosclerosis Packet for Coding Clinic, Draft 2.pdf" deleted by Gloryanne H Bryant/CA/KAIPERM]

Nancy J. Andersen, MS, RHIA, CCS, AHIMA-Approved ICD-10-CM/PCS Trainer
Senior Compliance Manager, Care Delivery and Health Information Management Compliance
National Compliance, Ethics and Integrity Office
Kaiser Foundation Health Plan, Inc.
Cellphone: 510-418-2455
nancy.j.andersen@kp.org

"I Support ICD 10 Adoption and implementation in 2015"

Embed a culture of compliance across the care delivery enterprise that inspires the highest level of ethics and integrity

Kaiser Permanente does the right thing by promoting ethics in decision making and integrity in all actions.

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EXHIBIT 14

NCAL

High Priority / Time Critical Meeting: Discuss Viewpoints and Prepare Response from NCAL to NCO on Capture of AA ICD4400.

Marcus Lee to: Mitchell M Law 07/23/2014 12:38 PM

Cc: Sue Muscarella, Lindy A Petersen, Gloryanne H Bryant, Nancy J Andersen, Danielle Sheetenhelm, Dawna M Toews, Amy S Kane

Default custom expiration date: 07/23/2015

History: This message has been replied to and forwarded.

Hi Mitch,

Please schedule a high priority and time critical meeting early next week with the following:

Subject: Discuss Viewpoints and Prepare Response from NCAL to NCO on Capture of AA ICD4400.

Victoria Hernandez (key)
GloryAnne Bryant (key)
Nancy Andersen (key)
Lindy Petersen (key)
Marcus Lee (key)
Sue Muscarella (would like key members to meet if she cannot attend)
Danielle Sheetenhelm
Dawna Toes
Amy S Kane

Web ex is good.

Attendees - please let me know if you have any questions!

Thanks everyone for trying to make this meeting happen.

Marc

Marcus Lee
Director, Auditing and Coding Services
The Permanente Medical Group, Inc.
Encounter Information Operations
1950 Franklin St., 7th Floor
Oakland, CA. 94612
office: (510) 987-2668 / 8-427-2668
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marcus.lee@kp.org

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EXHIBIT 15

Coding Governance Group (CGG)

DRAFT
V10

July 31, 2014
11:00 – 12:30 PST
Agenda Packet



REVIEW0014444
VH00100

DRAFT

Coding Governance Group Meeting Agenda

Time	Item	Facilitator
11:00	Call to Order Announcements & Introductions Review of Apr. Minutes	Simon Cohn Tammi Keating
11:10	Follow up: CGG Charter	Simon Cohn Tammi Keating
11:20	Documentation and Coding Committees: Relationship of other documentation and coding forums to CGG	Nancy Andersen
11:35	Follow up: Coding Question Process Flowchart	Nancy Andersen
11:55	NCO Telehealth Documentation and Coding Reference Document	Nancy Andersen
12:05	Request to add Aortic Atherosclerosis to KP Always Code List as a Chronic Condition	Nancy Andersen Gloryanne Bryant
12:25	Wrap Up; Future Agenda Topics; Action Items for Next Meeting	Simon Cohn Tammi Keating

VH00101

Request to Add Aortic Atherosclerosis to KP Always Code List

Background:

- AA Dx is a HCC: reimbursement impact
- Recent NCO Probe audit designated coding of AA as Chr. Systemic as an error

Recommendation:

- Request Aortic Atherosclerosis Dx be included in the KP Chronic Systemic Condition – Inpatient Always Code List
- Allow for Hospital OP reporting as well

Request

- CGG and NCO support recommendations

VH00102

REL0000209

Information to Substantiate the Request

- Current KP *Always Code List* and process for inclusion
- Clinical rationale (NCAL)
- Coding Rules
- Documentation & MA requirements
- Coding Clinic guidelines and response to question

VH00103

KP Hospital Inpatient *Always Code List* (con't)

•Based on Coding Guidelines, Kaiser has developed the Documentation and Coding Guideline for coding of such systemic diseases for Kaiser Foundation Hospitals, referred to as the "Always Code List" Guideline.

Systemic Conditions - List A Examples of Systemic conditions always to be coded include, but are not limited to, the following:
• AIDS • Asthma, chronic obstructive • Atherosclerosis, generalized • Bronchitis, chronic obstructive • Collagen vascular disease • COPD • Diabetes mellitus • Emphysema • Hypertension • Systemic lupus erythematosus • Multiple sclerosis • Parkinson's disease • Peripheral vascular disease • Chronic kidney disease • Rheumatoid arthritis • ***Note: Attending physician confirmation of clinical significance of all radiology findings is required for inpatients per Coding Clinic.**

The following table includes a list of secondary conditions that Kaiser has determined will always be coded, even though the conditions may not impact the patient's current stay. These conditions are pertinent to Kaiser's patient-mix data and conduction of health care studies. **Coding of other secondary conditions is left to the discretion of each facility. Each facility must develop a written guideline regarding the coding of any additional conditions.**

VH00104

KP Inpatient *Always Code List*

- A flow chart was developed within the Always Code List to assist in determining if a secondary condition should be coded.
- Flowchart steps:
  - 1. Determine if the condition is a systemic one. If so, code it.
  - 2. If not systemic, did it impact the patient's care as defined above? If so, code it.
  - 3. If it is not systemic and does not impact the patient's current care, is it on Kaiser's list of V codes always to be coded? If so, code it.
  - 4. If it does not meet any of these criteria, it is **not** to be coded.
- Coding of other secondary conditions is left to the discretion of each facility. Each facility must develop a written guideline regarding the coding of any additional conditions.
- The list was developed to include only conditions that do NOT have an impact on reimbursement.

VH00105

Coding: UHDDS Definition of Secondary Diagnosis Reporting

- Those conditions that affect the episode of hospital care in terms of any of the following:
  - Clinical evaluation
  - Therapeutic treatment
  - Further evaluation by diagnostic studies, procedures, or consultation
  - Extended length of hospital stay
  - Increased nursing care and/or other monitoring

Note: For inpatient coding, you only need to meet <u>one</u> of the criteria for "other diagnosis" reporting.

VH00106

REL0000213

KP Criteria for MA Risk Adjustment Diagnosis Reporting

- A diagnosis will always be coded and is acceptable for submission to CMS as risk adjustment data, even in the absence of expressly documented active treatment, evaluation, or intervention by the physician, if the condition meets all four of the following criteria:
- 1) The condition is always present, even though it may have been stabilized; AND
- 2) By its very nature (because of its impact on the patient), the condition must be considered by the physician in evaluating the patient's chief complaint; AND
- 3) The condition affects a major body system (and, typically, more than one major body system), which include the following:

Cardiovascular; AND/OR	Hematologic/Lymphatic/Immunologic; AND/OR
Respiratory: AND/OR	Neurologic; AND/OR
Gastrointestinal; AND/OR	Psychiatric; AND
Renal; AND/OR	

- 4) The physician indicates that he/she considered the diagnosis by documenting the diagnosis in the medical record for the encounter.

VH00107

Coding: AHA *Coding Clinic* Guidelines on Chronic Systemic Conditions

- AHA *Coding Clinic* definition of other/secondary diagnoses:
  - Inpatient Coding - Conditions that affect patient care in terms of requiring:
    - Clinical evaluation; or therapeutic treatment; or diagnostic procedures; or extended length of hospital stay; or increased nursing care and/or monitoring.
    - Systemic diseases are always coded, even in the absence of documented active intervention since these types of conditions meet one or more of the elements of the definition given above. (AHA Coding Clinic, Second Quarter, 1990, page 14).
  - Outpatient Coding:
    - Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment, or management. Do not code conditions that were previously treated and no longer exist. However, history codes (V10-V19) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment.
    - Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s).
    - Incidental findings on outpatient radiology reports: It is inappropriate to report an incidental finding found on a radiology report when the finding is unrelated to the sign, symptom, or condition that necessitated the performance of the test . . . The . . . physician would need to clarify that the finding was clinically significant and related to the visit in order for it to be coded. (AHA Coding Clinic, Third Quarter 2010, pages 8-9).

VH00108

REL0000215

Question Submitted to AHA Coding Clinic

Many physicians believe that the diagnosis/condition of Aortic Atherosclerosis is a Chronic Systemic Condition. We had our physicians provide education about this condition and this included risk factors with AA:

- Dyslipidemia (high LDL, low HDL): high cholesterol
- Diabetes
- Smoking
- Obesity
- Metabolic Syndrome (abdominal obesity, along with at least 2 of the following: dyslipidemia, hypertension, insulin resistance)

- Hyperinsulinemia
- Prothrombotic states
- Hypertension
- Renal insufficiency
- Systemic infections
- Age
- Family history
- Sedentary lifestyle

Thus, like COPD or Diabetes Mellitus, CAD, Lupus, should we code Aortic Atherosclerosis condition when documented, either outpatient or inpatient record similar to COPD? Thank you.

VH00109

AHA *Coding Clinic* Response

Central Office on
ICD-9-CM

American Hospital Association
155 N. Wacker Drive, Suite 400
Chicago, IL 60606-1726
312-422-3366
312-278-0838

May 16, 2013

Gloryanne Bryant
Regional HIM
Kaiser Permanente
1800 Harrison St., #24
Oakland, CA 94612

Dear Ms. Bryant,

This letter is in response to your request for clarification if it is appropriate to report aortic atherosclerosis as a chronic systemic condition.

When a patient has a chronic systemic condition that affects the patient the rest of his/her life, it is appropriate to assign a code for that condition.

As stated in *Coding Clinic* 3rd Quarter, 2007, Pages 13-14; "Chronic conditions such as, but not limited to, hypertension, Parkinson's disease, COPD, and diabetes mellitus are chronic systemic diseases that ordinarily should be coded even in the absence of documented intervention or further evaluation. Some chronic conditions affect the patient for the rest of his or her life and almost always require some form of continuous clinical evaluation or monitoring during hospitalization, and therefore should be coded." This advice applies to inpatient coding.

For outpatient encounters/visits, chronic conditions that require or affect patient care treatment or management should be coded. The Official Guidelines for Coding and Reporting for Outpatient Services, state, "Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the conditions(s). Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist. Conversely, conditions that do not require or affect patient care, treatment or management are not reported."

If the coder is unclear whether a specific condition meets the definition of a chronic or secondary diagnosis, it is appropriate to query the provider for clarification. Please see *Coding Clinic*, Second Quarter 2000 Pages: 20-21.

I trust this information will be of assistance to you.

Sincerely,

Diane Komar, RHIT
Coding Consultant
Ref. #50001447.213

AHA CENTRAL OFFICE

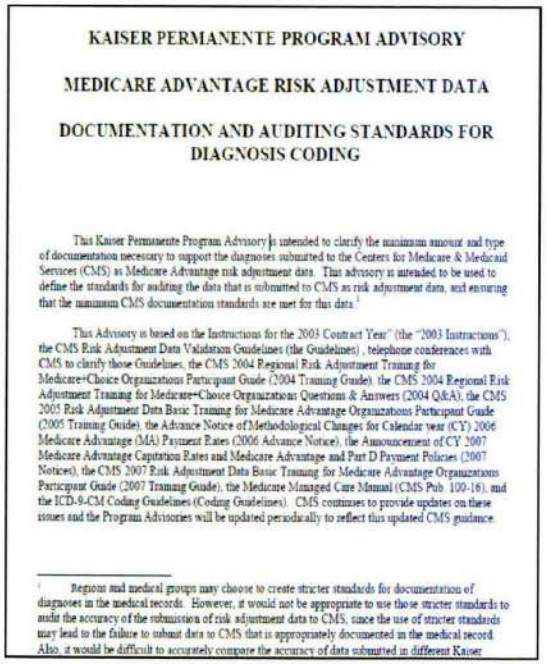
American Hospital Association

This coding information is being provided specifically to you based on the facts and details you provided. The American Hospital Association has used its best efforts to provide accurate coding advice, but this advice should not be construed as providing clinical advice, dictating reimbursement policy, or a substitution for the judgment of a practitioner. This information is provided for individual reference only. Any reprint or distribution of all or part of this correspondence, without the express written consent of the American Hospital Association's Central Office on ICD-9-CM, is strictly prohibited.

VH00110

KP MA: Documentation and Coding Reportable Systemic Conditions (con't)

- Systemic conditions always to be coded include, but are not limited to, the following:
  - AIDS
  - Lupus
  - Atherosclerosis, generalized
  - Multiple sclerosis
  - Collagen vascular disease
  - Parkinson's Disease
  - Diabetes mellitus
  - Renal Failure, Chronic
  - Hypertension
  - Rheumatoid Arthritis



KAISER PERMANENTE PROGRAM ADVISORY

MEDICARE ADVANTAGE RISK ADJUSTMENT DATA

DOCUMENTATION AND AUDITING STANDARDS FOR DIAGNOSIS CODING

This Kaiser Permanente Program Advisory is intended to clarify the minimum amount and type of documentation necessary to support the diagnoses submitted to the Centers for Medicare & Medicaid Services (CMS) as Medicare Advantage risk adjustment data. This advisory is intended to be used to define the standards for auditing the data that is submitted to CMS as risk adjustment data, and ensuring that the minimum CMS documentation standards are met for this data.[1]

This Advisory is based on the Instructions for the 2003 Contract Year" (the "2003 Instructions"), the CMS Risk Adjustment Data Validation Guidelines (the Guidelines) , telephone conferences with CMS to clarify those Guidelines, the CMS 2004 Regional Risk Adjustment Training for Medicare+Choice Organizations Participant Guide (2004 Training Guide), the CMS 2004 Regional Risk Adjustment Training for Medicare+Choice Organizations Questions & Answers (2004 Q&A), the CMS 2005 Risk Adjustment Data Basic Training for Medicare Advantage Organizations Participant Guide (2005 Training Guide), the Advance Notice of Methodological Changes for Calendar year (CY) 2006 Medicare Advantage (MA) Payment Rates (2006 Advance Notice), the Announcement of CY 2007 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies (2007 Notices), the CMS 2007 Risk Adjustment Data Basic Training for Medicare Advantage Organizations Participant Guide (2007 Training Guide), the Medicare Managed Care Manual (CMS Pub. 100-16), and the ICD-9-CM Coding Guidelines (Coding Guidelines). CMS continues to provide updates on these issues and the Program Advisories will be updated periodically to reflect this updated CMS guidance.

[1] Regions and medical groups may choose to create stricter standards for documentation of diagnoses in the medical records. However, it would not be appropriate to use those stricter standards to audit the accuracy of the submission of risk adjustment data to CMS, since the use of stricter standards may lead to the failure to submit data to CMS that is appropriately documented in the medical record. Also, it would be difficult to accurately compare the accuracy of data submitted in different Kaiser

VH00111

REL0000218

Inpatient Documentation

- Currently inpatient documentation of AA requires the physician to document the clinical significance when the condition is noted on a radiology report (e.g. CT, Chest X-ray).

VH00112

REL0000219

Discussion

- The diagnosis of aortic atherosclerosis has potential financial impact to the organization.
- NCO does not currently recognize aortic atherosclerosis as a chronic, systemic condition.
- Regional Request: Aortic Atherosclerosis Dx be included in the KP Chronic Systemic Condition – Always Code Lis and allow for Hospital OP reporting as well.

VH00113

Potential CGG Determinations

- Accept original Coding Clinic answer which requires a query if impact is not discernable.
  - Coding Clinic response appears to negate AA as a systemic condition as queries are never required for impact of systemic conditions
  - Cannot be added to the "Always Code" list as this list includes those conditions that are to be always be coded even though they do NOT impact the encounter.
- Recommend second question to Coding Clinic with more detail, scenarios, and pro and con perspectives of coding the provided scenarios without the need to query.
  - NCO to send a second question to AHA Coding Clinic with more detail, examples of documentation of aortic atherosclerosis currently found in KPHC inpatient and physician office settings of care (redacted phi) and pro and con perspectives of coding the provided examples in the absence of the ability to query.
  - Request clarification on the question of whether this condition is considered a chronic, systemic condition.
  - NCO will base the decision of adding this condition to the KP Always Code List on the response received from AHA Coding Clinic.
  - If a decision is made to add the condition to the KP Always Code List, add to the "Systemic Condition" list. This action will be communicated to each region and PMG.

VH00114

REL0000221

Appendix



VH00115

EXHIBIT 16

To: Nancy J Andersen/CA/KAIPERM@KAIPERM
Cc: Janet D Franklin/PO/KAIPERM@KAIPERM, Rizalyn A Andrews/CA/KAIPERM@KAIPERM
Date: 04/08/2016 10:23 AM
Subject: Re: Followup Question regarding AA documentation etc.

Do you want me to draft the question since we already have the answer?
I'm worried because we found in the ICD-10 assmt AA being coded when it should not have.

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
National Director Coding Quality, Education, Systems and Support
National Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
1 Kaiser Plaza- 15th floor, Office #1543, Oakland, CA 94612
510 267-7559 (tel)
510 267-7606 (fax)
email: Gloryanne.h.bryant@kp.org
kp.org.thrive
http://insidekp.kp.org/finance/revenuecycle
National Coding Quality Wiki Site: https://wiki.kp.org/wiki/display/coding/HOME

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Nancy J Andersen I agree it should be posted in the coding bulletin... 04/08/2016 10:18:25 AM

From: Nancy J Andersen/CA/KAIPERM
To: Gloryanne H Bryant/CA/KAIPERM@KAIPERM
Cc: Janet D Franklin/PO/KAIPERM@KAIPERM, Rizalyn A Andrews/CA/KAIPERM@KAIPERM
Date: 04/08/2016 10:18 AM
Subject: Re: Followup Question regarding AA documentation etc.

I agree it should be posted in the coding bulletin board for reference by all regions.

Nancy J. Andersen, MS, RHIA, CCS, AHIMA-Approved ICD-10-CM/PCS Trainer
Senior Compliance Manager, Government Audit and Reimbursement
National Compliance, Ethics and Integrity Office
Kaiser Foundation Health Plan, Inc.

510-418-2455
nancy.j.andersen@kp.org
NCO Care Delivery HIM SharePoint Site:
https://sites.sp.kp.org/teams/cdc2/cdc3/SitePages/Home.aspx

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Gloryanne H Bryant Hi, This coding is still coming up and SCAL did... 04/08/2016 09:34:42 AM

From: Gloryanne H Bryant/CA/KAIPERM
To: Janet D Franklin/PO/KAIPERM@KAIPERM
Cc: Nancy J Andersen/CA/KAIPERM@KAIPERM, Rizalyn A Andrews/CA/KAIPERM@KAIPERM
Date: 04/08/2016 09:34 AM

Subject: Re: Followup Question regarding AA documentation etc.

Hi, This coding is still coming up and SCAL did not know about the guidance from August (below) that this is not a systemic condition, we'd like to request that we post this on the National Bulletin Board, can that be done?.

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
National Director Coding Quality, Education, Systems and Support
National Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
1 Kaiser Plaza- 15th floor, Office #1543, Oakland, CA 94612
510 267-7559 (tel)
510 267-7606 (fax)
email: Gloryanne.h.bryant@kp.org
kp.org.thrive
http://insidekp.kp.org/finance/revenuecycle
National Coding Quality Wiki Site: https://wiki.kp.org/wiki/display/coding/HOME

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Janet D Franklin Hi Gloryanne, After having gone through clinicia... 08/04/2015 03:04:25 PM

From: Janet D Franklin/PO/KAIPERM
To: Gloryanne H Bryant/CA/KAIPERM
Cc: Nancy J Andersen/CA/KAIPERM@KAIPERM, Rizalyn A Andrews/CA/KAIPERM@KAIPERM, Simon Cohn/PO/KAIPERM@KAIPERM
Date: 08/04/2015 03:04 PM
Subject: Re: Followup Question regarding AA documentation etc.

Hi Gloryanne,

After having gone through clinician review, AA is not considered a systemic condition and will not appear on the final list of examples of systemic conditions. The clinician must do more than just list this condition. There must be documentation to show how it impacted the current encounter. It will be up to the region to decide if they want to query the provider about this condition when it is only listed. Without a query and additional documentation from the provider to show how it impacted the encounter, it cannot be coded.

Thanks,

Janet (don't forget the) D Franklin

Janet D Franklin, RHIT, CCS, CCS-P, CHC
AHIMA Approved ICD-10-CM/PCS Trainer
Compliance Manager, Government Audit and Reimbursement
National Compliance, Ethics & Integrity Office
Office: 8-423-5735, 510-271-5735
Fax: 8-423-5039, 510-891-5039

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Gloryanne H Bryant Good morning, In the past year + there has bee... 08/04/2015 05:50:51 AM

EXHIBIT 17

Aortic Atherosclerosis
Dx Freq Report 2010-2016

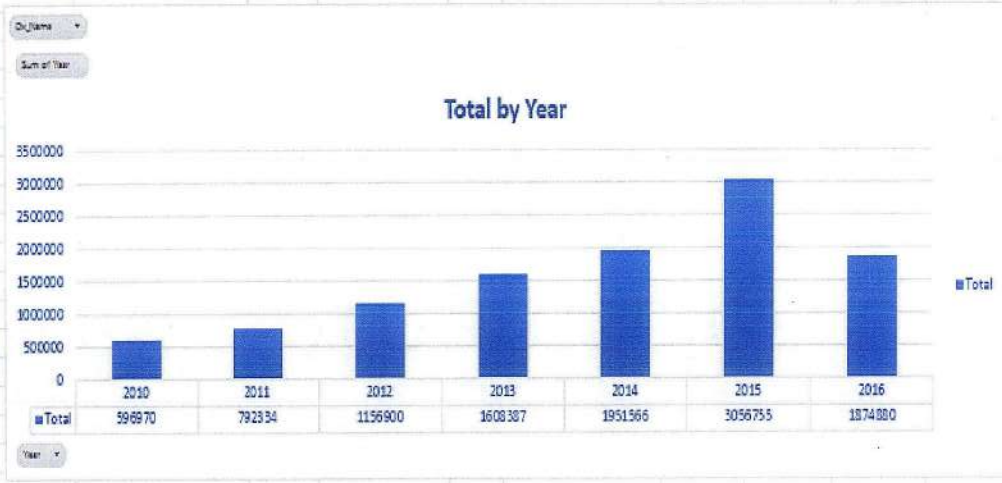
ALL REGIONS

ALL REGIONS

Total by Year

Dx_Name	(All)

Row Labels	Sum of Year
2010	596970
2011	792334
2012	1156900
2013	1608387
2014	1951566
2015	3056755
2016	1874880
Grand Total	11037792



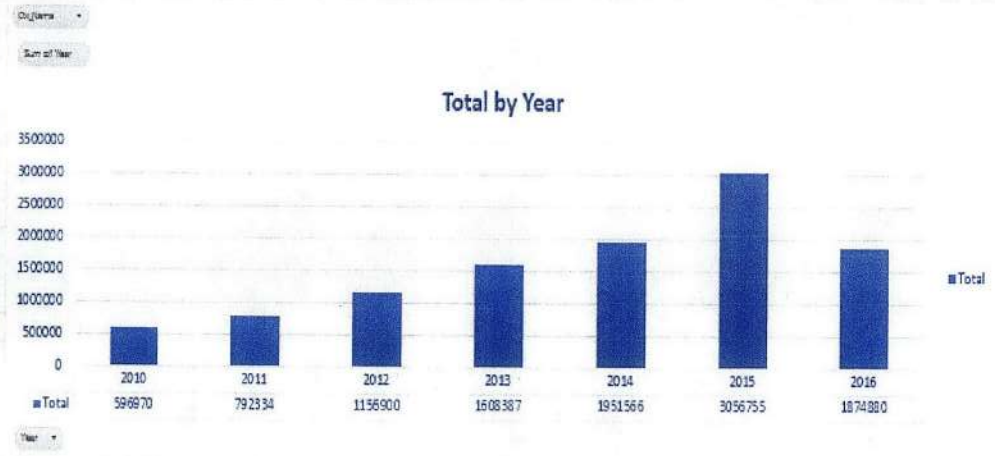
ALL REGIONS

ALL REGIONS

Total by Year

Dx_Name	(All)

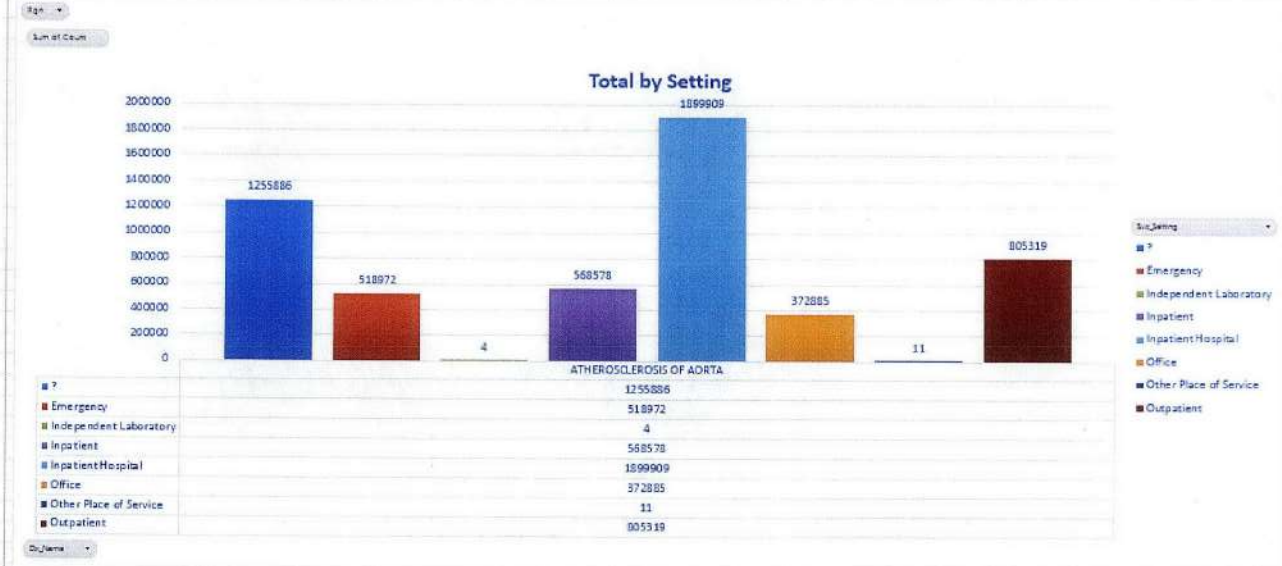
Row Labels	Sum of Year
2010	596970
2011	792334
2012	1156900
2013	1608387
2014	1951566
2015	3056755
2016	1874880
Grand Total	**11037792**



Total by Setting ALL REGIONS

Rgn (All)

Sum of Count	Column La								
Row Labels	?	Emergency	Independent Laboratory	Inpatient	Inpatient Hospital	Office	Other Place of Service	Outpatient	Grand Total
ATHEROSCLEROSIS OF AORTA	1255886	518972	4	568578	1899909	4E+05	11	805319	5421564
Grand Total	1255886	518972	4	568578	1899909	4E+05	11	805319	5421564



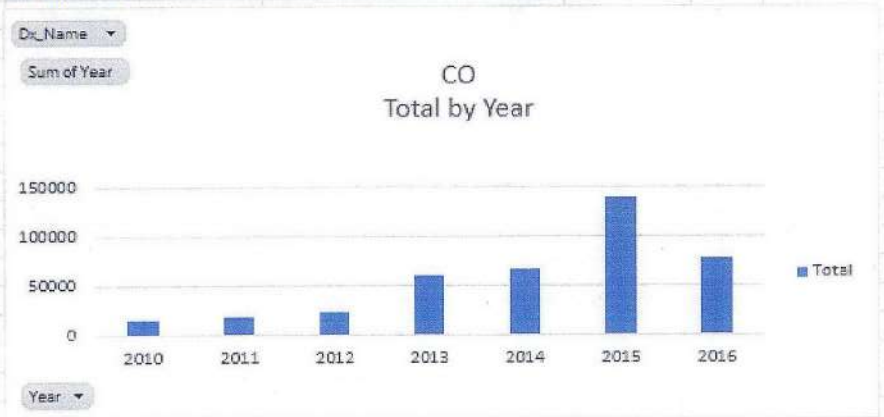
Total

Row Labels	Sum of Count
ATHEROSCLEROSIS OF AORTA	5421564
Grand Total	5421564

VH00123

CO Region

Dx_Name	(All)
Row Labels	Sum of Year
2010	16080
2011	18099
2012	24144
2013	60390
2014	66462
2015	139035
2016	78624
Grand Total	402834

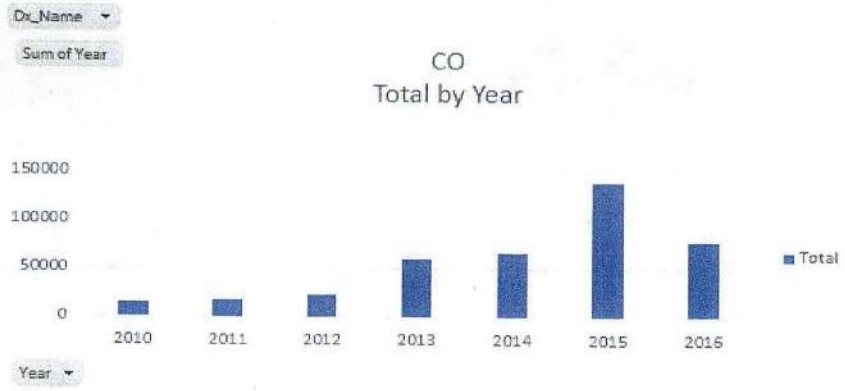


VH00124

CO Region

Dx_Name	(All)

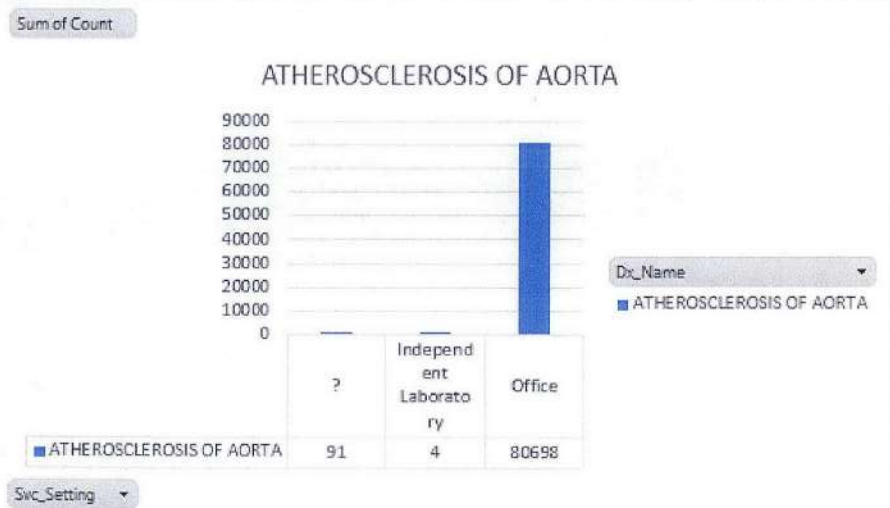
Row Labels	Sum of Year
2010	16080
2011	18099
2012	24144
2013	60390
2014	66462
2015	139035
2016	78624
Grand Total	**402834**



VH00125

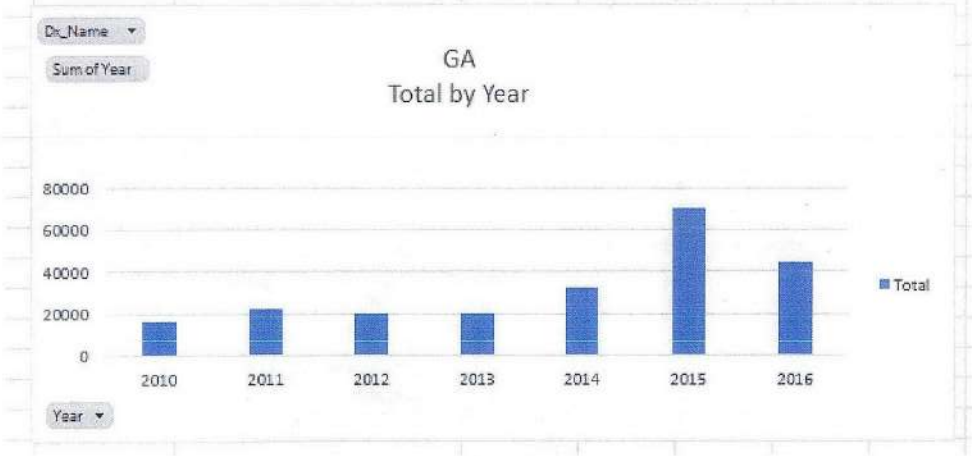
CO Region (cont.)

Sum of Count	Column Labels	
Row Labels	ATHEROSCLEROSIS OF AORTA	Grand Total
?	91	91
Independent Laboratory	4	4
Office	80698	80698
Grand Total	**80793**	**80793**



GA Region

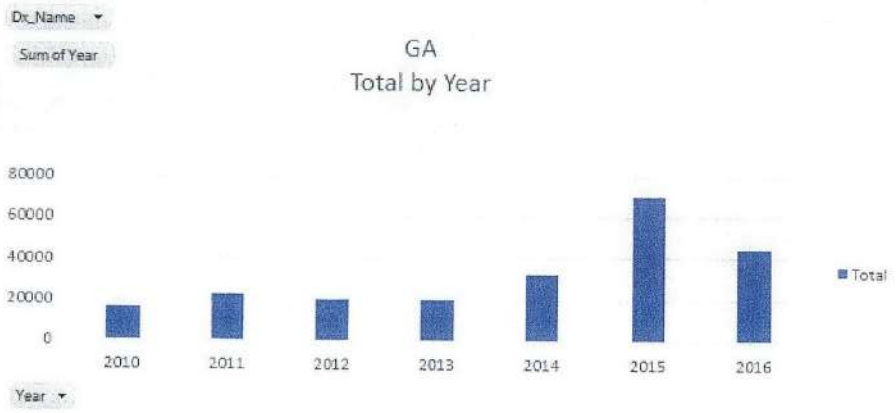
Dx_Name	(All)
Row Labels	Sum of Year
2010	16080
2011	22121
2012	20120
2013	20130
2014	32224
2015	70525
2016	44352
Grand Total	225552



GA Region

Dx_Name	(All)

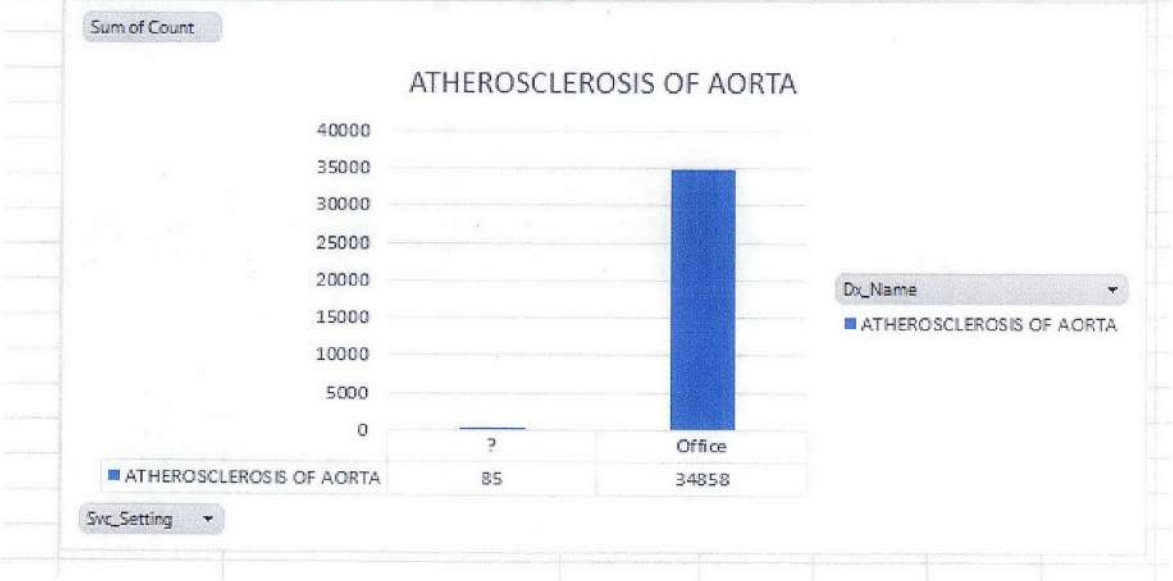
Row Labels	Sum of Year
2010	16080
2011	22121
2012	20120
2013	20130
2014	32224
2015	70525
2016	44352
Grand Total	**225552**



VH00128

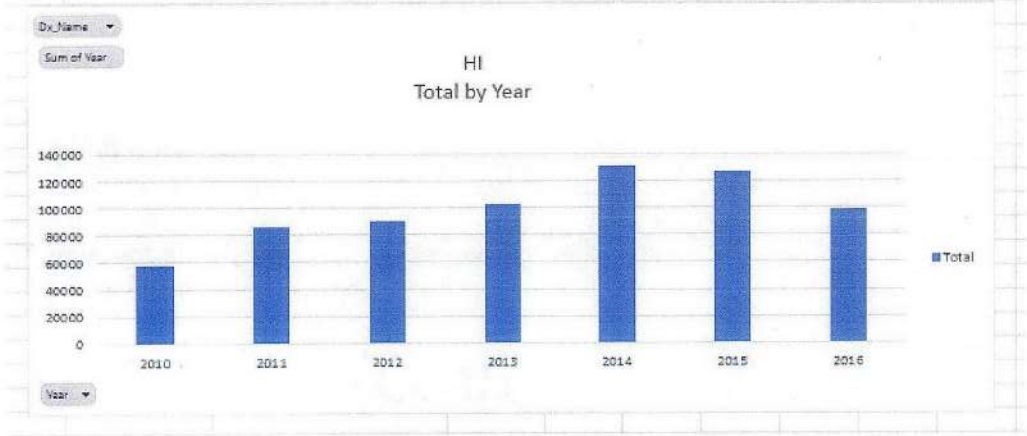
GA Region (cont.)

Sum of Count	Column Labels	
Row Labels	ATHEROSCLEROSIS OF AORTA	Grand Total
?	85	85
Office	34858	34858
Grand Total	**34943**	**34943**



HI Region

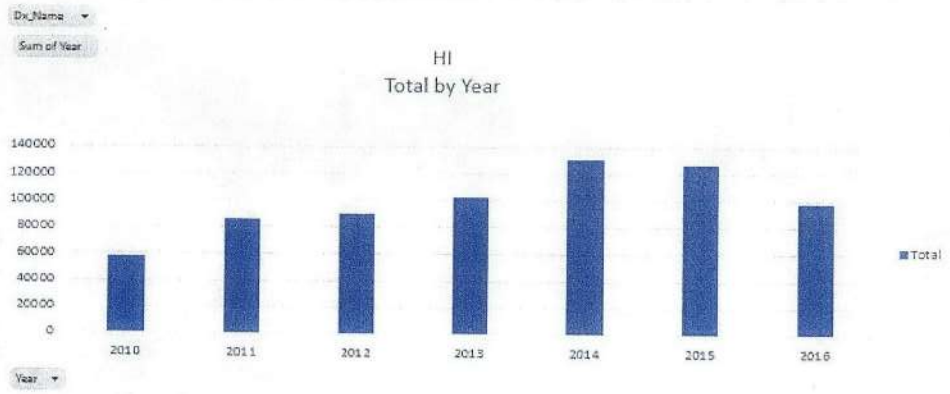
Dx_Name	(All)
Row Labels	Sum of Year
2010	58290
2011	86473
2012	90540
2013	102663
2014	130910
2015	126945
2016	98784
Grand Total	694605



HI Region

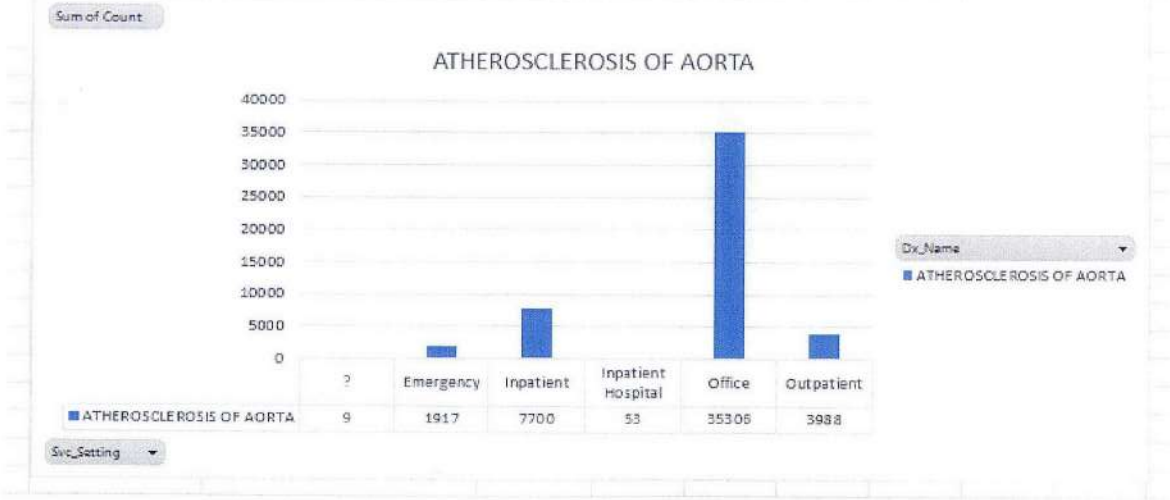
Dx_Name	(All)

Row Labels	Sum of Year
2010	58290
2011	86473
2012	90540
2013	102663
2014	130910
2015	126945
2016	98784
Grand Total	**694605**



HI Region (cont.)

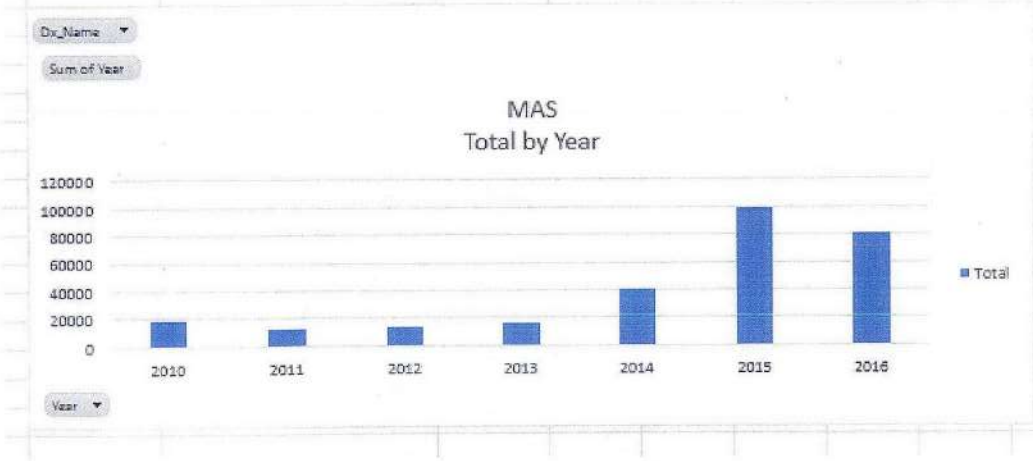
Sum of Count	Column Labels	
Row Labels	ATHEROSCLEROSIS OF AORTA	Grand Total
?	9	9
Emergency	1917	1917
Inpatient	7700	7700
Inpatient Hospital	53	53
Office	35306	35306
Outpatient	3988	3988
Grand Total	**48973**	**48973**



VH00132

MAS Region

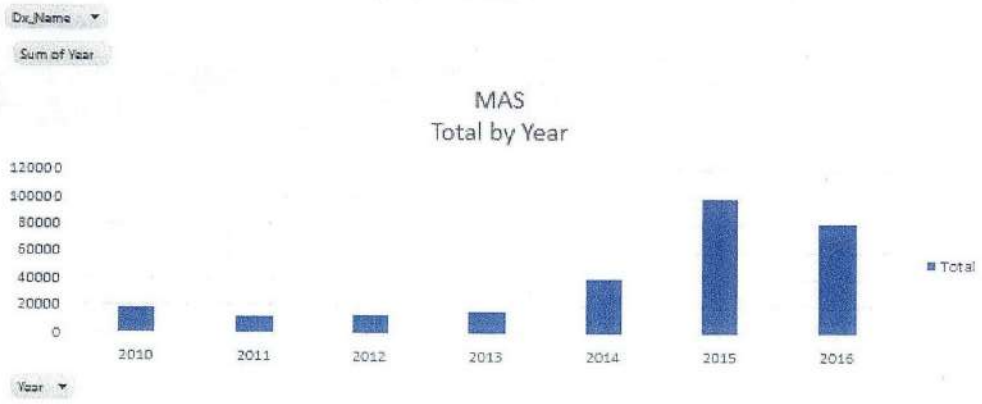
Dx_Name	(All)
Row Labels	Sum of Year
2010	18090
2011	12066
2012	14084
2013	16104
2014	40280
2015	98735
2016	80640
Grand Total	279999



MAS Region

Dx_Name	(All)

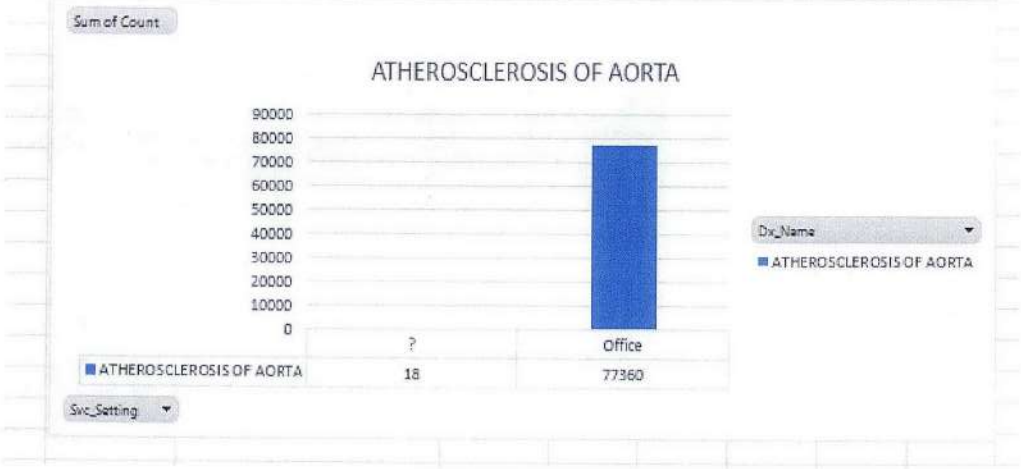
Row Labels	Sum of Year
2010	18090
2011	12066
2012	14084
2013	16104
2014	40280
2015	98735
2016	80640
Grand Total	**279999**



VH00134

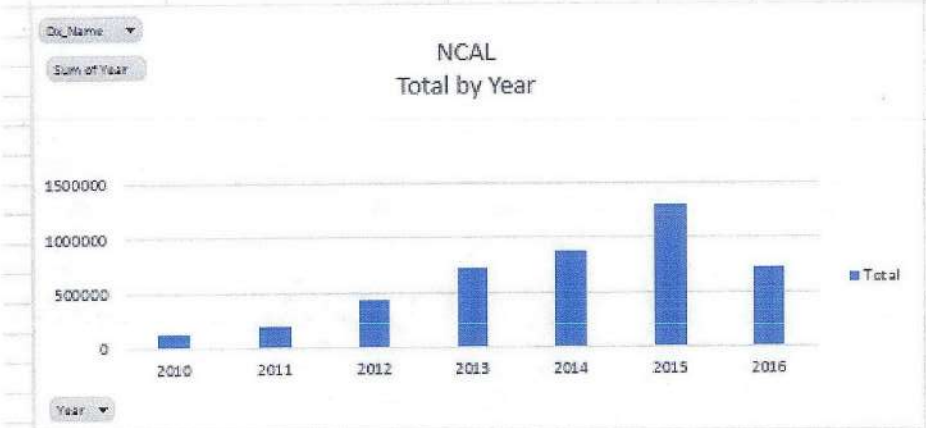
MAS Region (cont.)

Sum of Count	Column Labels	
Row Labels	ATHEROSCLEROSIS OF AORTA	Grand Total
?	18	18
Office	77360	77360
Grand Total	**77378**	**77378**



NCAL Region

Dx_Name	(All)
Row Labels	Sum of Year
2010	124620
2011	199089
2012	434592
2013	728706
2014	872062
2015	1301690
2016	725760
Grand Total	4386519

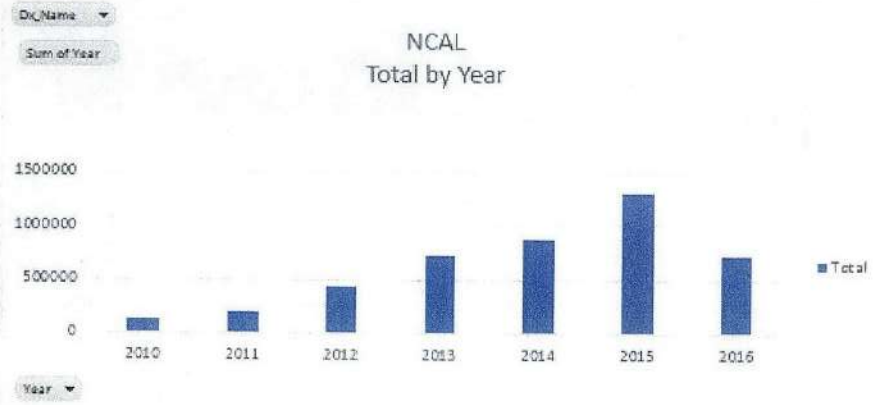


VH00136

NCAL Region

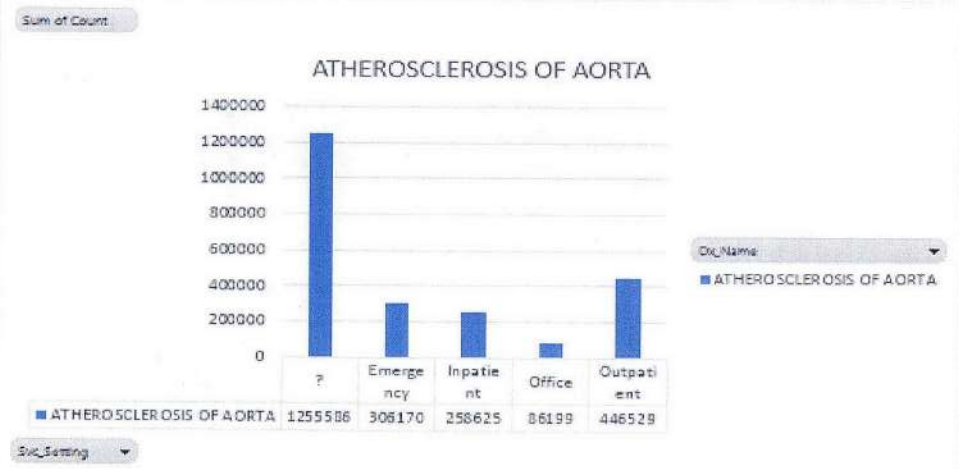
Dx_Name	(All)

Row Labels	Sum of Year
2010	124620
2011	199089
2012	434592
2013	728706
2014	872062
2015	1301690
2016	725760
Grand Total	**4386519**



NCAL Region (cont.)

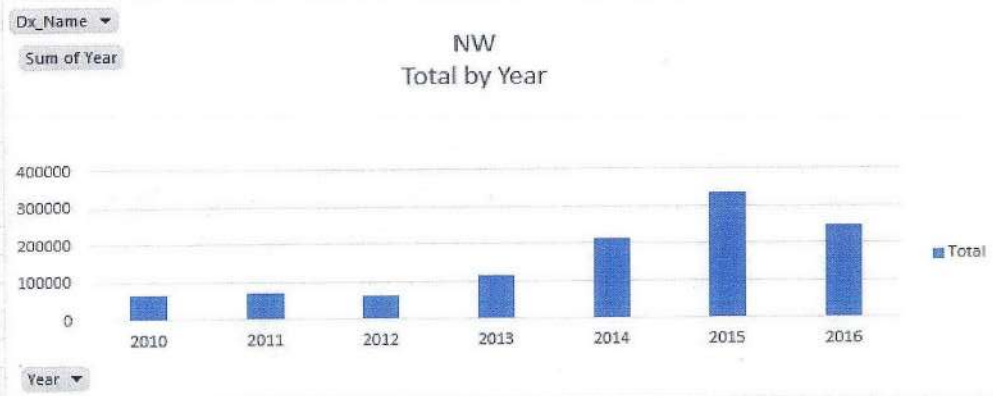
Sum of Count	Column Labels	
Row Labels	ATHEROSCLEROSIS OF AORTA	Grand Total
?	1255586	1255586
Emergency	306170	306170
Inpatient	258625	258625
Office	86199	86199
Outpatient	446529	446529
Grand Total	**2353109**	**2353109**



VH00138

NW Region

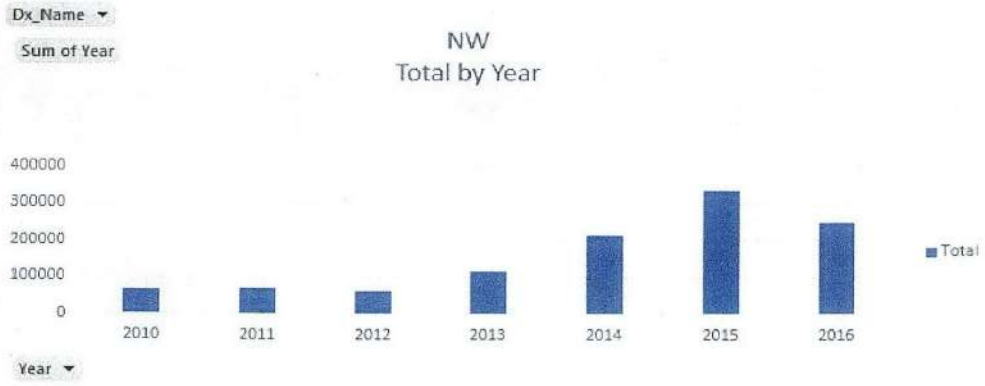
Dx_Name	(All)
Row Labels	**Sum of Year**
2010	68340
2011	72396
2012	62372
2013	116754
2014	213484
2015	336505
2016	247968
Grand Total	**1117819**



NW Region

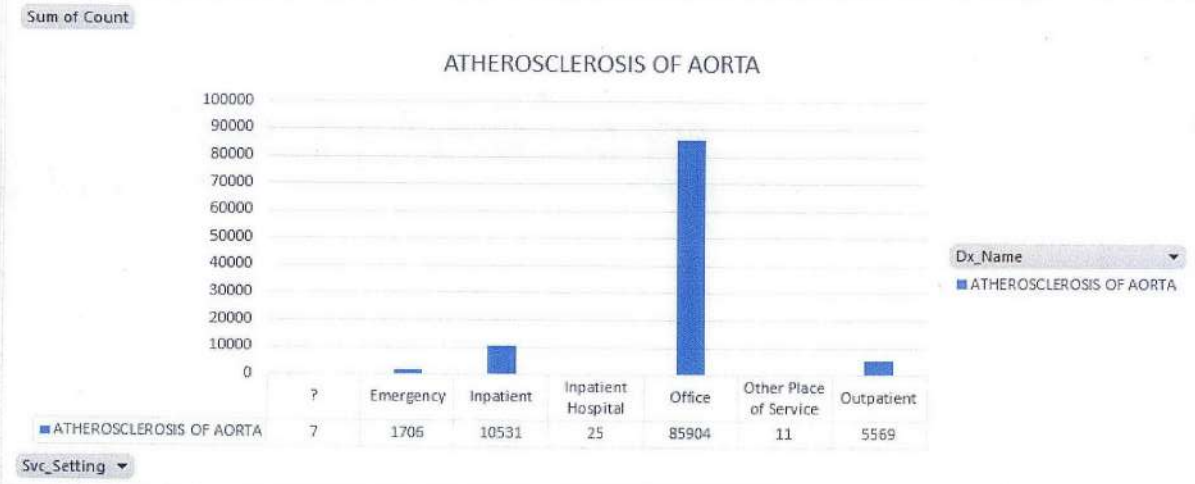
Dx_Name	(All)

Row Labels	Sum of Year
2010	68340
2011	72396
2012	62372
2013	116754
2014	213484
2015	336505
2016	247968
Grand Total	**1117819**



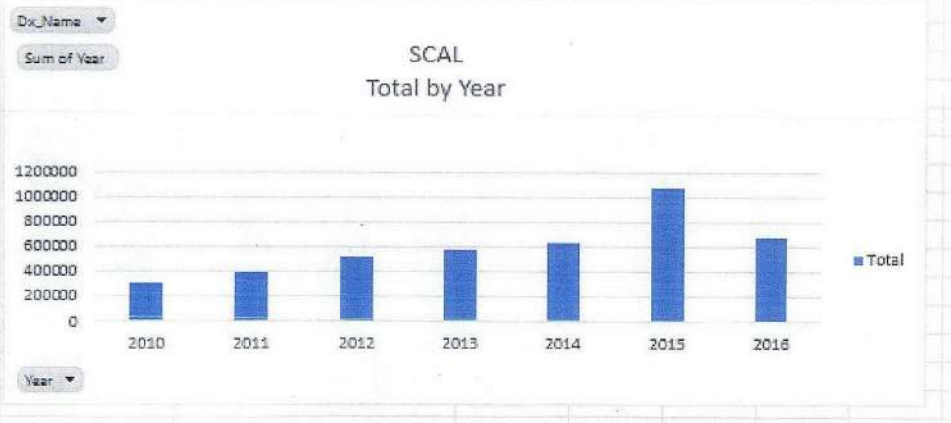
NW Region (cont.)

Sum of Count	Column Labels	
Row Labels	ATHEROSCLEROSIS OF AORTA	Grand Total
?	7	7
Emergency	1706	1706
Inpatient	10531	10531
Inpatient Hospital	25	25
Office	85904	85904
Other Place of Service	11	11
Outpatient	5569	5569
Grand Total	**103753**	**103753**



SCAL Region

Dx_Name	(All)
Row Labels	**Sum of Year**
2010	313560
2011	394156
2012	525132
2013	579744
2014	636424
2015	1082055
2016	679392
Grand Total	**4210463**

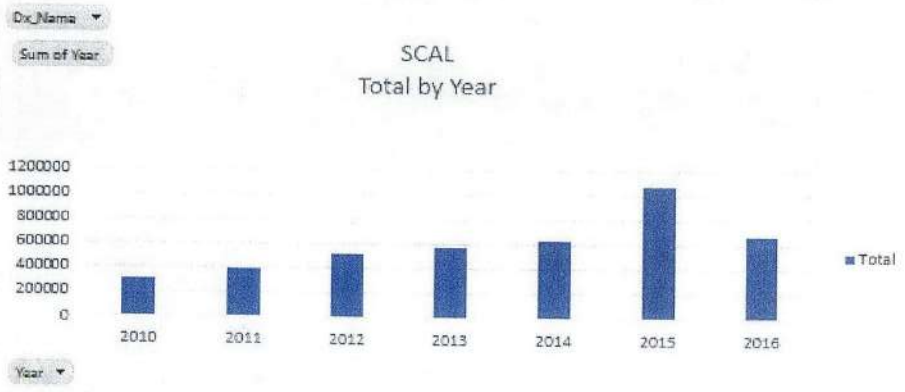


VH00142

SCAL Region

Dx_Name	(All)

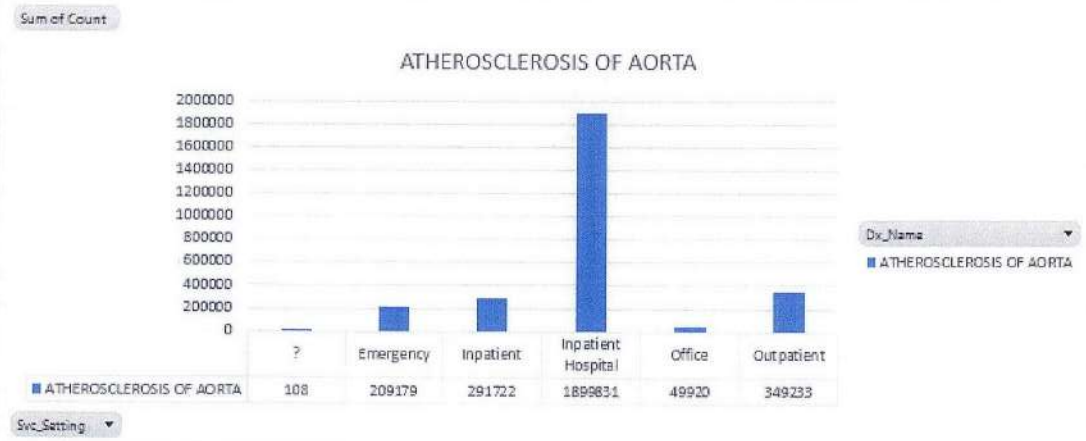
Row Labels	Sum of Year
2010	313560
2011	394156
2012	525132
2013	579744
2014	636424
2015	1082055
2016	679392
Grand Total	**4210463**



VH00143

SCAL Region (cont.)

Sum of Count	Column Labels	
Row Labels	ATHEROSCLEROSIS OF AORTA	Grand Total
?	108	108
Emergency	209179	209179
Inpatient	291722	291722
Inpatient Hospit	1899831	1899831
Office	49920	49920
Outpatient	349233	349233
Grand Total	**2799993**	**2799993**



VH00144

EXHIBIT 18

_MA Regions HCC Rates and Weight (Part C - 2014 Model)
As of May 21, 2016 extract

Select Region _MA Regions
Select DOS Period CY2014

Average $$ per HCC	Average HCC per Member	PMPM Rate for Risk Score of 1.0	Continuous KP MA Members	Total Risk Score	Number of HCC's per Point
2,734	1.78	626.78	1,073,703	1.1189	29,540

		Impact on Revenues			Impact on Score			
Condition Category	Description	Annual $ Weights	Number of Unique Cases	Estimated Revenue Contribution	HCC Coefficient	Risk Score Contribution	Number of Cases per 10K Members	New HCC for PY2014?
HCC1	HIV/AIDS	3,535	2,884	10,195	0.470	0.001	26.9	-
HCC2	Septicemia, Sepsis, Systemic Inflammatory Respo	4,024	23,543	94,736	0.535	0.012	219.3	-
HCC6	Opportunistic Infections	3,309	2,026	6,705	0.440	0.001	18.9	-
HCC8	Metastatic Cancer and Acute Leukemia	18,683	10,754	200,919	2.484	0.025	100.2	-
HCC9	Lung and Other Severe Cancers	7,318	6,081	44,503	0.973	0.006	56.6	-
HCC10	Lymphoma and Other Cancers	5,054	13,813	69,816	0.672	0.009	128.6	-
HCC11	Colorectal, Bladder, and Other Cancers	2,384	6,786	16,180	0.317	0.002	63.2	-
HCC12	Breast, Prostate, and Other Cancers and Tumors	1,158	37,088	42,959	0.154	0.005	345.4	-
HCC17	Diabetes with Acute Complications	2,768	888	2,458	0.368	0.000	8.3	-
HCC18	Diabetes with Chronic Complications	2,768	221,354	612,681	0.368	0.076	2061.6	-
HCC19	Diabetes without Complication	888	52,574	46,661	0.118	0.006	489.7	-
HCC21	Protein-Calorie Malnutrition	5,363	30,075	161,285	0.713	0.020	280.1	-
HCC22	Morbid Obesity	2,745	115,356	316,688	0.365	0.039	1074.4	New
HCC23	Other Significant Endocrine and Metabolic Disorde	1,843	37,033	68,242	0.245	0.008	344.9	New
HCC27	End-Stage Liver Disease	6,942	3,480	24,159	0.923	0.003	32.4	-
HCC28	Cirrhosis of Liver	3,001	5,022	15,071	0.399	0.002	46.8	-
HCC29	Chronic Hepatitis	1,888	9,683	18,280	0.251	0.002	90.2	-
HCC33	Intestinal Obstruction/Perforation	2,332	9,528	22,216	0.310	0.003	88.7	-
HCC34	Chronic Pancreatitis	2,151	1,767	3,801	0.286	0.000	16.5	-
HCC35	Inflammatory Bowel Disease	2,271	8,655	19,660	0.302	0.002	80.6	-
HCC39	Bone/Joint/Muscle Infections/Necrosis	3,746	5,036	18,863	0.498	0.002	46.9	-
HCC40	Rheumatoid Arthritis and Inflammatory Connective	2,813	46,534	130,900	0.374	0.016	433.4	-
HCC46	Severe Hematological Disorders	8,544	2,951	25,214	1.136	0.003	27.5	-
HCC47	Disorders of Immunity	3,919	7,555	29,605	0.521	0.004	70.4	-
HCC48	Coagulation Defects and Other Specified Hematol	1,895	54,682	103,644	0.252	0.013	509.3	New
HCC54	Drug/Alcohol Psychosis	3,159	3,910	12,352	0.420	0.002	36.4	-
HCC55	Drug/Alcohol Dependence	3,159	19,587	61,875	0.420	0.008	182.4	-
HCC57	Schizophrenia	3,685	6,423	23,672	0.490	0.003	59.8	-
HCC58	Major Depressive, Bipolar, and Paranoid Disorders	2,482	153,809	381,764	0.330	0.047	1432.5	-
HCC70	Quadriplegia	9,281	1,074	9,968	1.234	0.001	10.0	-
HCC71	Paraplegia	7,913	1,890	14,955	1.052	0.002	17.6	-
HCC72	Spinal Cord Disorders/Injuries	3,828	4,108	15,727	0.509	0.002	38.3	-
HCC73	Amyotrophic Lateral Sclerosis and Other Motor Ne	7,206	457	3,293	0.958	0.000	4.3	-
HCC74	Cerebral Palsy	338	1,473	499	0.045	0.000	13.7	-
HCC75	Myasthenia Gravis/Myoneural Disorders and Guilla	3,069	6,004	18,425	0.408	0.002	55.9	-
HCC76	Muscular Dystrophy	4,250	472	2,006	0.565	0.000	4.4	-
HCC77	Multiple Sclerosis	4,182	4,449	18,605	0.556	0.002	41.4	-
HCC78	Parkinsons and Huntingtons Diseases	5,197	13,317	69,212	0.691	0.009	124.0	-
HCC79	Seizure Disorders and Convulsions	2,136	19,612	41,893	0.284	0.005	182.7	-
HCC80	Coma, Brain Compression/Anoxic Damage	4,287	2,080	8,917	0.570	0.001	19.4	-
HCC82	Respirator Dependence/Tracheostomy Status	11,433	1,379	15,765	1.520	0.002	12.8	-
HCC83	Respiratory Arrest	6,032	114	688	0.802	0.000	1.1	-
HCC84	Cardio-Respiratory Failure and Shock	2,475	32,316	79,967	0.329	0.010	301.0	-
HCC85	Congestive Heart Failure	2,768	86,946	240,656	0.368	0.030	809.8	-
HCC86	Acute Myocardial Infarction	2,068	6,917	14,307	0.275	0.002	64.4	-
HCC87	Unstable Angina and Other Acute Ischemic Heart D	1,941	8,006	15,536	0.258	0.002	74.6	-
HCC88	Angina Pectoris	1,061	44,593	47,292	0.141	0.006	415.3	-
HCC96	Specified Heart Arrhythmias	2,219	127,024	281,843	0.295	0.035	1183.0	-
HCC99	Cerebral Hemorrhage	2,550	3,038	7,746	0.339	0.001	28.3	-
HCC100	Ischemic or Unspecified Stroke	2,384	9,282	22,131	0.317	0.003	86.4	-
HCC103	Hemiplegia/Hemiparesis	4,370	19,795	86,503	0.581	0.011	184.4	-
HCC104	Monoplegia, Other Paralytic Syndromes	2,978	987	2,940	0.396	0.000	9.2	-
HCC106	Atherosclerosis of the Extremities with Ulceration o	10,628	1,581	16,802	1.413	0.002	14.7	-
HCC107	Vascular Disease with Complications	3,084	10,787	33,265	0.410	0.004	100.5	-
HCC108	Vascular Disease	2,249	352,963	793,778	0.299	0.098	3287.3	-
HCC110	Cystic Fibrosis	3,136	39	122	0.417	0.000	0.4	-
HCC111	Chronic Obstructive Pulmonary Disease	2,602	95,086	247,452	0.346	0.031	885.6	-
HCC112	Fibrosis of Lung and Other Chronic Lung Disorders	2,061	14,265	29,398	0.274	0.004	132.9	New
HCC114	Aspiration and Specified Bacterial Pneumonias	5,054	4,511	22,800	0.672	0.003	42.0	-
HCC115	Pneumococcal Pneumonia, Empyema, Lung Absc	1,504	1,814	2,729	0.200	0.000	16.9	-
HCC122	Proliferative Diabetic Retinopathy and Vitreous He	1,527	11,001	16,797	0.203	0.002	102.5	-
HCC124	Exudative Macular Degeneration	2,520	16,061	40,468	0.335	0.005	149.6	New
HCC134	Dialysis Status	3,580	2,042	7,311	0.476	0.001	19.0	-
HCC135	Acute Renal Failure	3,580	25,170	90,113	0.476	0.011	234.4	-
HCC136	Chronic Kidney Disease (Stage 5)	1,685	1,049	1,767	0.224	0.000	9.8	-
HCC137	Chronic Kidney Disease, Severe (Stage 4)	1,685	10,595	17,850	0.224	0.002	98.7	-
HCC157	Pressure Ulcer of Skin with Necrosis Through to M	18,713	629	11,771	2.488	0.001	5.9	-
HCC158	Pressure Ulcer of Skin with Full Thickness Skin Los	10,064	2,003	20,157	1.338	0.002	18.7	-
HCC161	Chronic Ulcer of Skin, Except Pressure	4,031	13,825	55,735	0.536	0.007	128.8	-
HCC162	Severe Skin Burn or Condition	3,091	53	164	0.411	0.000	0.5	-
HCC166	Severe Head Injury	4,287	53	227	0.570	0.000	0.5	-
HCC167	Major Head Injury	1,226	4,355	5,339	0.163	0.001	40.6	-
HCC169	Vertebral Fractures without Spinal Cord Injury	3,738	8,587	32,099	0.497	0.004	80.0	-
HCC170	Hip Fracture/Dislocation	3,355	7,360	24,689	0.446	0.003	68.5	-
HCC173	Traumatic Amputations and Complications	1,993	2,595	5,172	0.265	0.001	24.2	-
HCC176	Complications of Specified Implanted Device or Gr	4,257	9,385	39,953	0.566	0.005	87.4	-
HCC186	Major Organ Transplant or Replacement Status	6,702	2,029	13,597	0.891	0.002	18.9	-
HCC188	Artificial Openings for Feeding or Elimination	4,896	8,457	41,409	0.651	0.005	78.8	-
HCC189	Amputation Status, Lower Limb/Amputation Compl	5,859	6,648	38,952	0.779	0.005	61.9	-
HCC190	Disabled, Opportunistic Infections	3,392	180	611	0.451	0.000	1.7	-
HCC191	Disabled, Chronic Pancreatitis	4,122	316	1,302	0.548	0.000	2.9	-
HCC192	Disabled, Severe Hematological Disorders	10,131	238	2,411	1.347	0.000	2.2	-
HCC193	Disabled, Drug/Alcohol Psychosis	2,490	969	2,412	0.331	0.000	9.0	-
HCC194	Disabled, Drug/Alcohol Dependence	0	4,863	0	0.000	0.000	45.3	-

_MA Regions HCC Rates and Weight (Part C - 2014 Model)
As of May 21, 2016 extract

Select Region _MA Regions
Select DOS Period CY2014

Average $$ per HCC	Average HCC per Member	PMPM Rate for Risk Score of 1.0	Continuous KP MA Members	Total Risk Score	Number of HCC's per Point
2,734	1.78	626.78	1,073,703	1.1189	29,540

		Impact on Revenues			Impact on Score			
Condition Category	Description	Annual $ Weights	Number of Unique Cases	Estimated Revenue Contribution	HCC Coefficient	Risk Score Contribution	Number of Cases per 10K Members	New HCC for PY2014?
HCC195	Disabled, Cystic Fibrosis	18,164	24	436	2.415	0.000	0.2	-
HCC196	Disabled, Complications of Specified Implanted De	3,783	798	3,019	0.503	0.000	7.4	-
HCC197	Cancer*Immune Disorders	7,123	2,904	20,685	0.947	0.003	27.0	-
HCC198	Congestive Heart Failure*Chronic Obstructive Puln	1,948	22,416	43,667	0.259	0.005	208.8	-
HCC199	Congestive Heart Failure*Renal Disease	2,384	15,382	36,675	0.317	0.005	143.3	-
HCC200	Chronic Obstructive Pulmonary Disease*Cardiores	3,430	18,157	62,274	0.456	0.008	169.1	-
HCC201	Diabetes*Congestive Heart Failure	1,369	36,767	50,330	0.182	0.006	342.4	-
HCC202	Sepsis*Cardiorespiratory Failure	1,610	7,798	12,552	0.214	0.002	72.6	-
HCC203	MALE, AGE 0-34	910	2,067	1,881	0.121	0.000	19.3	-
HCC204	MALE, AGE 35-44	933	3,068	2,861	0.124	0.000	28.6	-
HCC205	MALE, AGE 45-54	1,361	7,048	9,595	0.181	0.001	65.6	-
HCC206	MALE, AGE 55-59	2,023	7,056	14,276	0.269	0.002	65.7	-
HCC207	MALE, AGE 60-64	2,339	10,753	25,153	0.311	0.003	100.1	-
HCC208	MALE, AGE 65-69	2,166	117,575	254,687	0.288	0.032	1095.0	-
HCC209	MALE, AGE 70-74	2,678	122,214	327,243	0.356	0.041	1138.2	-
HCC210	MALE, AGE 75-79	3,324	89,424	297,287	0.442	0.037	832.9	-
HCC211	MALE, AGE 80-84	4,084	61,180	249,867	0.543	0.031	569.8	-
HCC212	MALE, AGE 85-89	5,137	32,234	165,590	0.683	0.021	300.2	-
HCC213	MALE, AGE 90-94	6,378	12,525	79,886	0.848	0.010	116.7	-
HCC214	MALE, AGE 95+	7,732	2,649	20,482	1.028	0.003	24.7	-
HCC215	FEMALE, AGE 0-34	1,482	1,810	2,682	0.197	0.000	16.9	-
HCC216	FEMALE, AGE 35-44	1,542	3,549	5,472	0.205	0.001	33.1	-
HCC217	FEMALE, AGE 45-54	1,978	8,234	16,288	0.263	0.002	76.7	-
HCC218	FEMALE, AGE 55-59	2,452	8,557	20,982	0.326	0.003	79.7	-
HCC219	FEMALE, AGE 60-64	2,948	12,688	37,409	0.392	0.005	118.2	-
HCC220	FEMALE, AGE 65-69	2,166	152,039	329,341	0.288	0.041	1416.0	-
HCC221	FEMALE, AGE 70-74	2,617	149,421	391,102	0.348	0.048	1391.6	-
HCC222	FEMALE, AGE 75-79	3,287	110,049	361,715	0.437	0.045	1024.9	-
HCC223	FEMALE, AGE 80-84	4,054	78,407	317,865	0.539	0.039	730.2	-
HCC224	FEMALE, AGE 85-89	5,092	49,406	251,575	0.677	0.031	460.1	-
HCC225	FEMALE, AGE 90-94	6,130	24,414	149,656	0.815	0.019	227.4	-
HCC226	FEMALE, AGE 95+	6,318	7,336	46,349	0.840	0.006	68.3	-
HCC227	MEDICAID FEMALE, DISABLED	639	14,550	9,302	0.085	0.001	135.5	-
HCC228	MEDICAID FEMALE, AGED	1,136	46,344	52,634	0.151	0.007	431.6	-
HCC229	MEDICAID MALE, DISABLED	647	11,513	7,447	0.086	0.001	107.2	-
HCC230	MEDICAID MALE, AGED	1,331	21,781	28,997	0.177	0.004	202.9	-
HCC231	ORIGINALLY-DISABLED FEMALE	1,798	37,252	66,965	0.239	0.008	346.9	-
HCC232	ORIGINALLY-DISABLED MALE	1,226	33,748	41,375	0.163	0.005	314.3	-

_MA Regions HCC Rates and Weight (Part C - 2014 Model)
As of May 21, 2016 extract

Select Region _MA Regions
Select DOS Period CY2015

Average $$ per HCC	Average HCC per Member	PMPM Rate for Risk Score of 1.0	Continuous KP MA Members	Total Risk Score	Number of HCC's per Point
2,741	1.84	630.32	1,145,502	1.1391	31,616

		Impact on Revenues			Impact on Score			
Condition Category	Description	Annual $ Weights	Number of Unique Cases	Estimated Revenue Contribution	HCC Coefficient	Risk Score Contribution	Number of Cases per 10K Members	New HCC for PY2014?
HCC1	HIV/AIDS	3,555	3,141	11,166	0.470	0.001	27.4	-
HCC2	Septicemia, Sepsis, Systemic Inflammatory Respo	4,047	26,066	105,481	0.535	0.012	227.6	-
HCC6	Opportunistic Infections	3,328	2,047	6,813	0.440	0.001	17.9	-
HCC8	Metastatic Cancer and Acute Leukemia	18,789	12,181	228,865	2.484	0.026	106.3	-
HCC9	Lung and Other Severe Cancers	7,360	6,653	48,964	0.973	0.006	58.1	-
HCC10	Lymphoma and Other Cancers	5,083	15,029	76,391	0.672	0.009	131.2	-
HCC11	Colorectal, Bladder, and Other Cancers	2,398	7,497	17,976	0.317	0.002	65.4	-
HCC12	Breast, Prostate, and Other Cancers and Tumors	1,165	41,466	48,301	0.154	0.006	362.0	-
HCC17	Diabetes with Acute Complications	2,784	1,010	2,811	0.368	0.000	8.8	-
HCC18	Diabetes with Chronic Complications	2,784	241,900	673,331	0.368	0.078	2111.7	-
HCC19	Diabetes without Complication	893	56,817	50,711	0.118	0.006	496.0	-
HCC21	Protein-Calorie Malnutrition	5,393	30,270	163,248	0.713	0.019	264.3	-
HCC22	Morbid Obesity	2,761	128,921	355,927	0.365	0.041	1125.5	New
HCC23	Other Significant Endocrine and Metabolic Disorde	1,853	43,339	80,314	0.245	0.009	378.3	New
HCC27	End-Stage Liver Disease	6,981	3,940	27,507	0.923	0.003	34.4	-
HCC28	Cirrhosis of Liver	3,018	5,844	17,637	0.399	0.002	51.0	-
HCC29	Chronic Hepatitis	1,899	10,622	20,166	0.251	0.002	92.7	-
HCC33	Intestinal Obstruction/Perforation	2,345	9,531	22,348	0.310	0.003	83.2	-
HCC34	Chronic Pancreatitis	2,163	2,007	4,342	0.286	0.001	17.5	-
HCC35	Inflammatory Bowel Disease	2,284	9,323	21,296	0.302	0.002	81.4	-
HCC39	Bone/Joint/Muscle Infections/Necrosis	3,767	5,368	20,220	0.498	0.002	46.9	-
HCC40	Rheumatoid Arthritis and Inflammatory Connective	2,829	52,648	148,936	0.374	0.017	459.6	-
HCC46	Severe Hematological Disorders	8,593	3,011	25,872	1.136	0.003	26.3	-
HCC47	Disorders of Immunity	3,941	9,586	37,776	0.521	0.004	83.7	-
HCC48	Coagulation Defects and Other Specified Hematol	1,906	66,396	126,557	0.252	0.015	579.6	New
HCC54	Drug/Alcohol Psychosis	3,177	3,194	10,147	0.420	0.001	27.9	-
HCC55	Drug/Alcohol Dependence	3,177	20,333	64,595	0.420	0.007	177.5	-
HCC57	Schizophrenia	3,706	6,922	25,655	0.490	0.003	60.4	-
HCC58	Major Depressive, Bipolar, and Paranoid Disorders	2,496	165,695	413,588	0.330	0.048	1446.5	-
HCC70	Quadriplegia	9,334	1,145	10,687	1.234	0.001	10.0	-
HCC71	Paraplegia	7,957	2,013	16,018	1.052	0.002	17.6	-
HCC72	Spinal Cord Disorders/Injuries	3,850	4,414	16,994	0.509	0.002	38.5	-
HCC73	Amyotrophic Lateral Sclerosis and Other Motor Ne	7,246	501	3,630	0.958	0.000	4.4	-
HCC74	Cerebral Palsy	340	1,625	553	0.045	0.000	14.2	-
HCC75	Myasthenia Gravis/Myoneural Disorders and Guilla	3,086	5,952	18,368	0.408	0.002	52.0	-
HCC76	Muscular Dystrophy	4,274	484	2,068	0.565	0.000	4.2	-
HCC77	Multiple Sclerosis	4,206	4,686	19,707	0.556	0.002	40.9	-
HCC78	Parkinsons and Huntingtons Diseases	5,227	14,223	74,339	0.691	0.009	124.2	-
HCC79	Seizure Disorders and Convulsions	2,148	21,059	45,238	0.284	0.005	183.8	-
HCC80	Coma, Brain Compression/Anoxic Damage	4,311	2,388	10,296	0.570	0.001	20.8	-
HCC82	Respirator Dependence/Tracheostomy Status	11,497	1,355	15,579	1.520	0.002	11.8	-
HCC83	Respiratory Arrest	6,066	122	740	0.802	0.000	1.1	-
HCC84	Cardio-Respiratory Failure and Shock	2,489	36,388	90,552	0.329	0.010	317.7	-
HCC85	Congestive Heart Failure	2,784	91,763	255,423	0.368	0.029	801.1	-
HCC86	Acute Myocardial Infarction	2,080	7,894	16,420	0.275	0.002	68.9	-
HCC87	Unstable Angina and Other Acute Ischemic Heart D	1,951	9,340	18,227	0.258	0.002	81.5	-
HCC88	Angina Pectoris	1,067	44,088	47,020	0.141	0.005	384.9	-
HCC96	Specified Heart Arrhythmias	2,231	135,963	303,381	0.295	0.035	1186.9	-
HCC99	Cerebral Hemorrhage	2,564	3,479	8,921	0.339	0.001	30.4	-
HCC100	Ischemic or Unspecified Stroke	2,398	9,971	23,908	0.317	0.003	87.0	-
HCC103	Hemiplegia/Hemiparesis	4,395	20,859	91,667	0.581	0.011	182.1	-
HCC104	Monoplegia, Other Paralytic Syndromes	2,995	1,084	3,247	0.396	0.000	9.5	-
HCC106	Atherosclerosis of the Extremities with Ulceration o	10,688	1,675	17,902	1.413	0.002	14.6	-
HCC107	Vascular Disease with Complications	3,101	11,884	36,855	0.410	0.004	103.7	-
HCC108	Vascular Disease	2,262	412,566	933,060	0.299	0.108	3601.6	-
HCC110	Cystic Fibrosis	3,154	46	145	0.417	0.000	0.4	-
HCC111	Chronic Obstructive Pulmonary Disease	2,617	100,093	261,954	0.346	0.030	873.8	-
HCC112	Fibrosis of Lung and Other Chronic Lung Disorders	2,073	16,664	34,536	0.274	0.004	145.5	New
HCC114	Aspiration and Specified Bacterial Pneumonias	5,083	4,883	24,820	0.672	0.003	42.6	-
HCC115	Pneumococcal Pneumonia, Empyema, Lung Absc	1,513	2,033	3,075	0.200	0.000	17.7	-
HCC122	Proliferative Diabetic Retinopathy and Vitreous He	1,535	11,313	17,371	0.203	0.002	98.8	-
HCC124	Exudative Macular Degeneration	2,534	18,479	46,824	0.335	0.005	161.3	New
HCC134	Dialysis Status	3,600	2,034	7,323	0.476	0.001	17.8	-
HCC135	Acute Renal Failure	3,600	27,755	99,929	0.476	0.012	242.3	-
HCC136	Chronic Kidney Disease (Stage 5)	1,694	1,052	1,782	0.224	0.000	9.2	-
HCC137	Chronic Kidney Disease, Severe (Stage 4)	1,694	10,793	18,287	0.224	0.002	94.2	-
HCC157	Pressure Ulcer of Skin with Necrosis Through to M	18,819	712	13,399	2.488	0.002	6.2	-
HCC158	Pressure Ulcer of Skin with Full Thickness Skin Los	10,120	2,127	21,526	1.338	0.002	18.6	-
HCC161	Chronic Ulcer of Skin, Except Pressure	4,054	15,048	61,008	0.536	0.007	131.4	-
HCC162	Severe Skin Burn or Condition	3,109	75	233	0.411	0.000	0.7	-
HCC166	Severe Head Injury	4,311	48	207	0.570	0.000	0.4	-
HCC167	Major Head Injury	1,233	4,709	5,806	0.163	0.001	41.1	-
HCC169	Vertebral Fractures without Spinal Cord Injury	3,759	8,385	31,521	0.497	0.004	73.2	-
HCC170	Hip Fracture/Dislocation	3,373	7,781	26,249	0.446	0.003	67.9	-
HCC173	Traumatic Amputations and Complications	2,004	2,648	5,308	0.265	0.001	23.1	-
HCC176	Complications of Specified Implanted Device or Gr	4,281	9,722	41,621	0.566	0.005	84.9	-
HCC186	Major Organ Transplant or Replacement Status	6,739	2,328	15,689	0.891	0.002	20.3	-
HCC188	Artificial Openings for Feeding or Elimination	4,924	8,842	43,539	0.651	0.005	77.2	-
HCC189	Amputation Status, Lower Limb/Amputation Compl	5,892	7,057	41,582	0.779	0.005	61.6	-
HCC190	Disabled, Opportunistic Infections	3,411	187	638	0.451	0.000	1.6	-
HCC191	Disabled, Chronic Pancreatitis	4,145	373	1,546	0.548	0.000	3.3	-
HCC192	Disabled, Severe Hematological Disorders	10,189	250	2,547	1.347	0.000	2.2	-
HCC193	Disabled, Drug/Alcohol Psychosis	2,504	889	2,226	0.331	0.000	7.8	-
HCC194	Disabled, Drug/Alcohol Dependence	0	4,979	0	0.000	0.000	43.5	-

_MA Regions HCC Rates and Weight (Part C - 2014 Model)
As of May 21, 2016 extract

Select Region _MA Regions
Select DOS Period CY2015

Average $$ per HCC	Average HCC per Member	PMPM Rate for Risk Score of 1.0	Continuous KP MA Members	Total Risk Score	Number of HCC's per Point
2,741	1.84	630.32	1,145,502	1.1391	31,616

		Impact on Revenues			Impact on Score			
Condition Category	Description	Annual $ Weights	Number of Unique Cases	Estimated Revenue Contribution	HCC Coefficient	Risk Score Contribution	Number of Cases per 10K Members	New HCC for PY2014?
HCC195	Disabled, Cystic Fibrosis	18,267	26	475	2.415	0.000	0.2	-
HCC196	Disabled, Complications of Specified Implanted De	3,805	848	3,226	0.503	0.000	7.4	-
HCC197	Cancer*Immune Disorders	7,163	3,833	27,456	0.947	0.003	33.5	-
HCC198	Congestive Heart Failure*Chronic Obstructive Puln	1,959	23,374	45,791	0.259	0.005	204.1	-
HCC199	Congestive Heart Failure*Renal Disease	2,398	16,502	39,568	0.317	0.005	144.1	-
HCC200	Chronic Obstructive Pulmonary Disease*Cardiores	3,449	19,839	68,427	0.456	0.008	173.2	-
HCC201	Diabetes*Congestive Heart Failure	1,377	39,468	54,333	0.182	0.006	344.5	-
HCC202	Sepsis*Cardiorespiratory Failure	1,619	9,201	14,893	0.214	0.002	80.3	-
HCC203	MALE, AGE 0-34	915	2,193	2,007	0.121	0.000	19.1	-
HCC204	MALE, AGE 35-44	938	3,301	3,096	0.124	0.000	28.8	-
HCC205	MALE, AGE 45-54	1,369	7,395	10,124	0.181	0.001	64.6	-
HCC206	MALE, AGE 55-59	2,035	7,481	15,221	0.269	0.002	65.3	-
HCC207	MALE, AGE 60-64	2,352	11,622	27,339	0.311	0.003	101.5	-
HCC208	MALE, AGE 65-69	2,178	128,744	280,456	0.288	0.032	1123.9	-
HCC209	MALE, AGE 70-74	2,693	130,474	351,333	0.356	0.041	1139.0	-
HCC210	MALE, AGE 75-79	3,343	94,174	314,846	0.442	0.036	822.1	-
HCC211	MALE, AGE 80-84	4,107	63,841	262,207	0.543	0.030	557.3	-
HCC212	MALE, AGE 85-89	5,166	34,721	179,373	0.683	0.021	303.1	-
HCC213	MALE, AGE 90-94	6,414	13,148	84,334	0.848	0.010	114.8	-
HCC214	MALE, AGE 95+	7,776	2,952	22,954	1.028	0.003	25.8	-
HCC215	FEMALE, AGE 0-34	1,490	1,890	2,816	0.197	0.000	16.5	-
HCC216	FEMALE, AGE 35-44	1,551	3,757	5,826	0.205	0.001	32.8	-
HCC217	FEMALE, AGE 45-54	1,989	8,443	16,796	0.263	0.002	73.7	-
HCC218	FEMALE, AGE 55-59	2,466	9,121	22,491	0.326	0.003	79.6	-
HCC219	FEMALE, AGE 60-64	2,965	13,856	41,084	0.392	0.005	121.0	-
HCC220	FEMALE, AGE 65-69	2,178	166,109	361,852	0.288	0.042	1450.1	-
HCC221	FEMALE, AGE 70-74	2,632	160,083	421,376	0.348	0.049	1397.5	-
HCC222	FEMALE, AGE 75-79	3,305	115,179	380,715	0.437	0.044	1005.5	-
HCC223	FEMALE, AGE 80-84	4,077	81,829	333,611	0.539	0.039	714.4	-
HCC224	FEMALE, AGE 85-89	5,121	51,455	263,488	0.677	0.030	449.2	-
HCC225	FEMALE, AGE 90-94	6,165	25,647	158,103	0.815	0.018	223.9	-
HCC226	FEMALE, AGE 95+	6,354	8,087	51,382	0.840	0.006	70.6	-
HCC227	MEDICAID FEMALE, DISABLED	643	16,731	10,757	0.085	0.001	146.1	-
HCC228	MEDICAID FEMALE, AGED	1,142	53,521	61,129	0.151	0.007	467.2	-
HCC229	MEDICAID MALE, DISABLED	650	13,316	8,662	0.086	0.001	116.2	-
HCC230	MEDICAID MALE, AGED	1,339	26,758	35,824	0.177	0.004	233.6	-
HCC231	ORIGINALLY-DISABLED FEMALE	1,808	40,466	73,153	0.239	0.008	353.3	-
HCC232	ORIGINALLY-DISABLED MALE	1,233	36,611	45,138	0.163	0.005	319.6	-

_MA Regions HCC Rates and Weight (Part C - 2014 Model)
As of May 21, 2016 extract

Select Region _MA Regions
Select DOS Period YTD 2016-04

Average $$ per HCC	Average HCC per Member	PMPM Rate for Risk Score of 1.0	Continuous KP MA Members	Total Risk Score	Number of HCC's per Point
2,721	1.19	630.32	1,261,910	0.8902	35,083

		Impact on Revenues			Impact on Score			
Condition Category	Description	Annual $ Weights	Number of Unique Cases	Estimated Revenue Contribution	HCC Coefficient	Risk Score Contribution	Number of Cases per 10K Members	New HCC for PY2014?
HCC1	HIV/AIDS	3,555	2,847	10,121	0.470	0.001	22.6	-
HCC2	Septicemia, Sepsis, Systemic Inflammatory Respo	4,047	10,976	44,416	0.535	0.005	87.0	-
HCC6	Opportunistic Infections	3,328	1,317	4,383	0.440	0.000	10.4	-
HCC8	Metastatic Cancer and Acute Leukemia	18,789	10,615	199,442	2.484	0.021	84.1	-
HCC9	Lung and Other Severe Cancers	7,360	5,827	42,885	0.973	0.004	46.2	-
HCC10	Lymphoma and Other Cancers	5,083	12,394	62,998	0.672	0.007	98.2	-
HCC11	Colorectal, Bladder, and Other Cancers	2,398	5,233	12,547	0.317	0.001	41.5	-
HCC12	Breast, Prostate, and Other Cancers and Tumors	1,165	30,239	35,224	0.154	0.004	239.6	-
HCC17	Diabetes with Acute Complications	2,784	411	1,144	0.368	0.000	3.3	-
HCC18	Diabetes with Chronic Complications	2,784	183,688	511,297	0.368	0.054	1455.6	-
HCC19	Diabetes without Complication	893	53,322	47,592	0.118	0.005	422.5	-
HCC21	Protein-Calorie Malnutrition	5,393	18,117	97,706	0.713	0.010	143.6	-
HCC22	Morbid Obesity	2,761	91,016	251,279	0.365	0.026	721.3	New
HCC23	Other Significant Endocrine and Metabolic Disorde	1,853	32,654	60,513	0.245	0.006	258.8	New
HCC27	End-Stage Liver Disease	6,981	2,859	19,960	0.923	0.002	22.7	-
HCC28	Cirrhosis of Liver	3,018	4,859	14,664	0.399	0.002	38.5	-
HCC29	Chronic Hepatitis	1,899	7,965	15,122	0.251	0.002	63.1	-
HCC33	Intestinal Obstruction/Perforation	2,345	3,544	8,310	0.310	0.001	28.1	-
HCC34	Chronic Pancreatitis	2,163	1,394	3,016	0.286	0.000	11.0	-
HCC35	Inflammatory Bowel Disease	2,284	6,710	15,328	0.302	0.002	53.2	-
HCC39	Bone/Joint/Muscle Infections/Necrosis	3,767	2,887	10,875	0.498	0.001	22.9	-
HCC40	Rheumatoid Arthritis and Inflammatory Connective	2,829	34,479	97,537	0.374	0.010	273.2	-
HCC46	Severe Hematological Disorders	8,593	2,166	18,612	1.136	0.002	17.2	-
HCC47	Disorders of Immunity	3,941	5,963	23,499	0.521	0.002	47.3	-
HCC48	Coagulation Defects and Other Specified Hematol	1,906	44,530	84,879	0.252	0.009	352.9	New
HCC54	Drug/Alcohol Psychosis	3,177	306	972	0.420	0.000	2.4	-
HCC55	Drug/Alcohol Dependence	3,177	13,568	43,103	0.420	0.005	107.5	-
HCC57	Schizophrenia	3,706	5,535	20,514	0.490	0.002	43.9	-
HCC58	Major Depressive, Bipolar, and Paranoid Disorders	2,496	122,121	304,824	0.330	0.032	967.7	-
HCC70	Quadriplegia	9,334	767	7,159	1.234	0.001	6.1	-
HCC71	Paraplegia	7,957	1,413	11,244	1.052	0.001	11.2	-
HCC72	Spinal Cord Disorders/Injuries	3,850	2,990	11,512	0.509	0.001	23.7	-
HCC73	Amyotrophic Lateral Sclerosis and Other Motor Ne	7,246	402	2,913	0.958	0.000	3.2	-
HCC74	Cerebral Palsy	340	1,106	376	0.045	0.000	8.8	-
HCC75	Myasthenia Gravis/Myoneural Disorders and Guilla	3,086	4,534	13,992	0.408	0.001	35.9	-
HCC76	Muscular Dystrophy	4,274	341	1,457	0.565	0.000	2.7	-
HCC77	Multiple Sclerosis	4,206	3,450	14,509	0.556	0.002	27.3	-
HCC78	Parkinsons and Huntingtons Diseases	5,227	11,594	60,598	0.691	0.006	91.9	-
HCC79	Seizure Disorders and Convulsions	2,148	14,636	31,440	0.284	0.003	116.0	-
HCC80	Coma, Brain Compression/Anoxic Damage	4,311	1,085	4,678	0.570	0.000	8.6	-
HCC82	Respirator Dependence/Tracheostomy Status	11,497	804	9,244	1.520	0.001	6.4	-
HCC83	Respiratory Arrest	6,066	37	224	0.802	0.000	0.3	-
HCC84	Cardio-Respiratory Failure and Shock	2,489	22,875	56,925	0.329	0.006	181.3	-
HCC85	Congestive Heart Failure	2,784	68,087	189,521	0.368	0.020	539.6	-
HCC86	Acute Myocardial Infarction	2,080	3,271	6,804	0.275	0.001	25.9	-
HCC87	Unstable Angina and Other Acute Ischemic Heart D	1,951	3,934	7,677	0.258	0.001	31.2	-
HCC88	Angina Pectoris	1,067	31,168	33,241	0.141	0.003	247.0	-
HCC96	Specified Heart Arrhythmias	2,231	101,966	227,521	0.295	0.024	808.0	-
HCC99	Cerebral Hemorrhage	2,564	1,422	3,646	0.339	0.000	11.3	-
HCC100	Ischemic or Unspecified Stroke	2,398	4,394	10,536	0.317	0.001	34.8	-
HCC103	Hemiplegia/Hemiparesis	4,395	14,708	64,636	0.581	0.007	116.6	-
HCC104	Monoplegia, Other Paralytic Syndromes	2,995	656	1,965	0.396	0.000	5.2	-
HCC106	Atherosclerosis of the Extremities with Ulceration o	10,688	975	10,421	1.413	0.001	7.7	-
HCC107	Vascular Disease with Complications	3,101	6,253	19,392	0.410	0.002	49.6	-
HCC108	Vascular Disease	2,262	304,447	688,538	0.299	0.072	2412.6	-
HCC110	Cystic Fibrosis	3,154	35	110	0.417	0.000	0.3	-
HCC111	Chronic Obstructive Pulmonary Disease	2,617	72,568	189,918	0.346	0.020	575.1	-
HCC112	Fibrosis of Lung and Other Chronic Lung Disorders	2,073	12,114	25,106	0.274	0.003	96.0	New
HCC114	Aspiration and Specified Bacterial Pneumonias	5,083	2,085	10,598	0.672	0.001	16.5	-
HCC115	Pneumococcal Pneumonia, Empyema, Lung Absc	1,513	1,026	1,552	0.200	0.000	8.1	-
HCC122	Proliferative Diabetic Retinopathy and Vitreous Hei	1,535	8,094	12,428	0.203	0.001	64.1	-
HCC124	Exudative Macular Degeneration	2,534	15,695	39,770	0.335	0.004	124.4	New
HCC134	Dialysis Status	3,600	1,585	5,707	0.476	0.001	12.6	-
HCC135	Acute Renal Failure	3,600	12,369	44,533	0.476	0.005	98.0	-
HCC136	Chronic Kidney Disease (Stage 5)	1,694	907	1,537	0.224	0.000	7.2	-
HCC137	Chronic Kidney Disease, Severe (Stage 4)	1,694	9,440	15,994	0.224	0.002	74.8	-
HCC157	Pressure Ulcer of Skin with Necrosis Through to M	18,819	429	8,073	2.488	0.001	3.4	-
HCC158	Pressure Ulcer of Skin with Full Thickness Skin Los	10,120	1,118	11,315	1.338	0.001	8.9	-
HCC161	Chronic Ulcer of Skin, Except Pressure	4,054	8,709	35,308	0.536	0.004	69.0	-
HCC162	Severe Skin Burn or Condition	3,109	48	149	0.411	0.000	0.4	-
HCC166	Severe Head Injury	4,311	5	22	0.570	0.000	0.0	-
HCC167	Major Head Injury	1,233	1,806	2,227	0.163	0.000	14.3	-
HCC169	Vertebral Fractures without Spinal Cord Injury	3,759	2,645	9,943	0.497	0.001	21.0	-
HCC170	Hip Fracture/Dislocation	3,373	2,777	9,368	0.446	0.001	22.0	-
HCC173	Traumatic Amputations and Complications	2,004	463	928	0.265	0.000	3.7	-
HCC176	Complications of Specified Implanted Device or Gr	4,281	3,744	16,029	0.566	0.002	29.7	-
HCC186	Major Organ Transplant or Replacement Status	6,739	2,081	14,025	0.891	0.001	16.5	-
HCC188	Artificial Openings for Feeding or Elimination	4,924	6,094	30,007	0.651	0.003	48.3	-
HCC189	Amputation Status, Lower Limb/Amputation Compl	5,892	5,728	33,751	0.779	0.004	45.4	-
HCC190	Disabled, Opportunistic Infections	3,411	93	317	0.451	0.000	0.7	-
HCC191	Disabled, Chronic Pancreatitis	4,145	254	1,053	0.548	0.000	2.0	-
HCC192	Disabled, Severe Hematological Disorders	10,189	176	1,793	1.347	0.000	1.4	-
HCC193	Disabled, Drug/Alcohol Psychosis	2,504	67	168	0.331	0.000	0.5	-
HCC194	Disabled, Drug/Alcohol Dependence	0	3,519	0	0.000	0.000	27.9	-

_MA Regions HCC Rates and Weight (Part C - 2014 Model)
As of May 21, 2016 extract

Select Region _MA Regions
Select DOS Period YTD 2016-04

Average $$ per HCC	Average HCC per Member	PMPM Rate for Risk Score of 1.0	Continuous KP MA Members	Total Risk Score	Number of HCC's per Point
2,721	1.19	630.32	1,261,910	0.8902	35,083

		Impact on Revenues			Impact on Score			
Condition Category	Description	Annual $ Weights	Number of Unique Cases	Estimated Revenue Contribution	HCC Coefficient	Risk Score Contribution	Number of Cases per 10K Members	New HCC for PY2014?
HCC195	Disabled, Cystic Fibrosis	18,267	24	438	2.415	0.000	0.2	-
HCC196	Disabled, Complications of Specified Implanted De	3,805	326	1,240	0.503	0.000	2.6	-
HCC197	Cancer*Immune Disorders	7,163	2,356	16,876	0.947	0.002	18.7	-
HCC198	Congestive Heart Failure*Chronic Obstructive Puln	1,959	16,356	32,042	0.259	0.003	129.6	-
HCC199	Congestive Heart Failure*Renal Disease	2,398	9,249	22,177	0.317	0.002	73.3	-
HCC200	Chronic Obstructive Pulmonary Disease*Cardiores	3,449	12,845	44,304	0.456	0.005	101.8	-
HCC201	Diabetes*Congestive Heart Failure	1,377	29,454	40,547	0.182	0.004	233.4	-
HCC202	Sepsis*Cardiorespiratory Failure	1,619	3,900	6,313	0.214	0.001	30.9	-
HCC203	MALE, AGE 0-34	915	2,379	2,177	0.121	0.000	18.9	-
HCC204	MALE, AGE 35-44	938	3,650	3,423	0.124	0.000	28.9	-
HCC205	MALE, AGE 45-54	1,369	7,695	10,535	0.181	0.001	61.0	-
HCC206	MALE, AGE 55-59	2,035	7,988	16,253	0.269	0.002	63.3	-
HCC207	MALE, AGE 60-64	2,352	12,669	29,802	0.311	0.003	100.4	-
HCC208	MALE, AGE 65-69	2,178	139,532	303,956	0.288	0.032	1105.7	-
HCC209	MALE, AGE 70-74	2,693	148,672	400,336	0.356	0.042	1178.2	-
HCC210	MALE, AGE 75-79	3,343	101,553	339,516	0.442	0.036	804.8	-
HCC211	MALE, AGE 80-84	4,107	69,296	284,612	0.543	0.030	549.1	-
HCC212	MALE, AGE 85-89	5,166	39,355	203,313	0.683	0.021	311.9	-
HCC213	MALE, AGE 90-94	6,414	15,474	99,253	0.848	0.010	122.6	-
HCC214	MALE, AGE 95+	7,776	4,004	31,134	1.028	0.003	31.7	-
HCC215	FEMALE, AGE 0-34	1,490	2,013	3,000	0.197	0.000	16.0	-
HCC216	FEMALE, AGE 35-44	1,551	4,062	6,299	0.205	0.001	32.2	-
HCC217	FEMALE, AGE 45-54	1,989	8,877	17,659	0.263	0.002	70.3	-
HCC218	FEMALE, AGE 55-59	2,466	9,681	23,872	0.326	0.003	76.7	-
HCC219	FEMALE, AGE 60-64	2,965	14,942	44,304	0.392	0.005	118.4	-
HCC220	FEMALE, AGE 65-69	2,178	179,082	390,112	0.288	0.041	1419.1	-
HCC221	FEMALE, AGE 70-74	2,632	182,151	479,464	0.348	0.050	1443.5	-
HCC222	FEMALE, AGE 75-79	3,305	124,097	410,192	0.437	0.043	983.4	-
HCC223	FEMALE, AGE 80-84	4,077	88,683	361,555	0.539	0.038	702.8	-
HCC224	FEMALE, AGE 85-89	5,121	56,493	289,287	0.677	0.030	447.7	-
HCC225	FEMALE, AGE 90-94	6,165	29,164	179,783	0.815	0.019	231.1	-
HCC226	FEMALE, AGE 95+	6,354	10,398	66,065	0.840	0.007	82.4	-
HCC227	MEDICAID FEMALE, DISABLED	643	18,275	11,750	0.085	0.001	144.8	-
HCC228	MEDICAID FEMALE, AGED	1,142	59,580	68,049	0.151	0.007	472.1	-
HCC229	MEDICAID MALE, DISABLED	650	14,587	9,489	0.086	0.001	115.6	-
HCC230	MEDICAID MALE, AGED	1,339	30,780	41,209	0.177	0.004	243.9	-
HCC231	ORIGINALLY-DISABLED FEMALE	1,808	45,228	81,762	0.239	0.009	358.4	-
HCC232	ORIGINALLY-DISABLED MALE	1,233	40,941	50,477	0.163	0.005	324.4	-

EXHIBIT 19

Central Office on
ICD-9-CM

American Hospital Association
155 N. Wacker Drive, Suite 400
Chicago, IL 60606-1725
312-422-3366
312-278-0838

February 7, 2014

Gloryanne Bryant
Regional Director
HIM
Kaiser Permanente
1800 Harrison St., #24
Oakland, CA 94612

Dear Ms. Bryant,

This letter is in response to your request for clarification regarding status code assignment for a newborn on a ventilator.

Code V46.11, Dependence on respirator status, implies long-term use of a ventilator and should only be applied when the patient requires continued ventilator support. While there is no time frame set on what constitutes ventilator dependency, this code should be reported when the patient requires continued ventilator support for an unexpected extended period of time and not for the short-term acute phase of a condition. Therefore, it is not used for newborns who are placed on a vent for a short period.

Unfortunately due to a code set freeze in preparation for ICD-10-CM/PCS implementation, there will be no changes to the official coding guidelines, as well as revisions to the ICD-9-CM diagnosis codes or changes to the Index to Diseases.

I trust this information will be of assistance to you.

Sincerely,

Diane Komar

Diane Komar, RHIT
Coding Consultant

Ref. #50003482.1213

AHA CENTRAL OFFICE
An American Hospital Association Service

American Hospital Association

This coding information is being provided specifically to you based on the facts and details you provided. The American Hospital Association has used its best efforts to provide accurate coding advice, but this advice should not be construed as providing clinical advice, dictating reimbursement policy, or a substitution for the judgment of a practitioner. This information is provided for individual reference only. Any reprint or distribution of all or part of this correspondence, without the express written consent of the American Hospital Association's Central Office on ICD-9-CM, is strictly prohibited.

EXHIBIT 20

1) Lindy Petersen sent an email on 10/24 to review some cases on a TPMG HCC audit in preparation for Covered California.

From: Lindy A Petersen/CA/KAIPERM
To: Victoria M Hernandez/CA/KAIPERM@KAIPERM
Cc: Marcus Lee/CA/KAIPERM, Hans Eric Tan/CA/KAIPERM
Date: 10/24/2013 04:24 PM
Subject: Interesting Findings for V46.11 & V46.13

Hi Victoria,

I wanted to give you a heads up on a project my team has been working on. In preparation for Covered California, my team audited infant stays longer than 6 days in 2012. We had some interesting findings in regards to HSS-HCC 125 - Respirator Dependence/ Tracheostomy Status (V46.11 & V46.13). While reviewing the charts, the auditors noticed documentation of the infant being on a ventilator for several days. In these cases the V-codes were not captured by the physician or HIM coder. I am providing you with a list of MRNs for your review. I am curious to know if these are missed opportunities, or if there is a specific reason for not capturing the codes.

Marcus Lee will be meeting with Rod Madamba on Monday, 11/4/13 to discuss our findings. I would greatly appreciate your expert opinion on these encounters.

[attachment "V4611_V4613 Findings.xlsx" deleted by Lindy A Petersen/CA/KAIPERM]

Thank you and have a wonderful day.

Lindy Petersen, CPC, CCS
AHIMA Approved ICD-10-CM/PCS Trainer
Manager, Auditing and Coding Services
The Permanente Medical Group, Inc.
Encounter Information Operations
1950 Franklin St., 7th Floor
(510) 987-4963 / 8-427-4963
Cell (510) 418-7250
Lindy.A.Petersen@KP.org

"Every life is a story, make yours a best seller."

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2) On 11/4 @ 3 pm, Rod Madamba asked me and Dawna Toews to join the meeting with TPMG (primary discussion was regarding V46.11, Mechanical Ventilation Dependence Status and V46.13, Encounter for weaning from ventilator on newborn cases). Attendees were Rod

Madamba, Dawna Toews, Marcus Lee, Hans Eric Tan and Victoria Hernandez. I gave feedback that V46.13 would not be apppropriate for initial newborn hospital visits because this code is for principal diagnosis assignment for the specific purpose of weaning the patient from the ventilator (as reason for admission). Code V46.11 is questionable for initial visits versus follow up visits with newborns on continuous vent. It was discussed that HIM would perform additional research on this code as it pertains to newborns.

Fw: Interesting Findings for V46.11 & V46.13
Lindy A Petersen to Victoria M Hernandez
Cc Marcus Lee, Hans Eric Tan, Roderick C Madamba
11/04/2013 05:28 PM
Hide Details

From: Lindy A Petersen/CA/KAIPERM
To: Victoria M Hernandez/CA/KAIPERM@KAIPERM
Cc: Marcus Lee/CA/KAIPERM, Hans Eric Tan/CA/KAIPERM, Roderick C Madamba/CA/KAIPERM@KAIPERM
History: This message has been replied to.

Hi Victoria,

I filtered the file to the Explicit V46.11 & V46.13. When you want to look at the entire file, just select "Select all" for column "O".

Infant ACA for RevCycle.xlsx

Please let me know if you have any questions.

Thank you,

Lindy Petersen, CPC, CCS
AHIMA Approved ICD-10-CM/PCS Trainer
Manager, Auditing and Coding Services
The Permanente Medical Group, Inc.
Encounter Information Operations
1950 Franklin St., 7th Floor
(510) 987-4963 / 8-427-4963

3) Dawna Toews and I reviewed Faye Brown and Coding Guidelines which only mentioned general guidelines and definition on V46.11 but not specific to newborns. We agreed that V46.11 is in reference to patients "dependent" to mechanical vent which is more long term.

CODING CLINIC REFERENCES

Mechanical ventilation using patient's equipment

Coding Clinic, **Second Quarter 2013** Page:25 Effective with discharges: July 8, 2013

Question:

We have a patient with progressive muscular dystrophy dependent on mechanical ventilation at night and as needed during the day, who was admitted to the hospital in acute on chronic respiratory failure with acute tracheobronchitis. While in the hospital, the patient was able to connect to his own ventilator via his tracheostomy tube. The respiratory therapist did follow the patient during his stay. Since the patient is using his own ventilator, should we report the ventilator procedure code?

Answer:

It would be appropriate to assign a code from subcategory 96.7, Other continuous mechanical ventilation, for patients admitted on a home ventilator, since the patient is still receiving mechanical ventilation and is utilizing significant hospital resources. Begin counting the duration from the time of the admission. The count ends at the time of discharge. Ownership of equipment has no bearing on code assignment. Code V46.11, Other dependence on machines, Respirator, should be assigned as an additional code to indicate the dependence on mechanical ventilation.

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Respirator dependence

Coding Clinic, **Fourth Quarter 2004** Page: 100 to 101 Effective with discharges: October 1, 2004

Related Information

Respirator Dependence

Effective October 1, 2004, code V46.1, Other dependence on machines, respirator, has been expanded to distinguish between respirator dependence status **(V46.11)** and encounters for respirator dependence during power failure **(V46.12).** Code V46.11 is used only if there are no complications or malfunctions of the respirator equipment, and is always a secondary code. By contrast, code V46.12 is only acceptable as a principal or first-listed code.

```
V46 Other dependence on machines

    V46.1 Respirator

New Code  V46.11 Dependence on respirator,
                 status

New Code  V46.12 Encounter for respirator
                 dependence during power
                 failure
```

OFFICIAL ICD-9-CM GUIDELINES FOR CODING AND REPORTING

3) Status

Status codes indicate that a patient is a carrier of a disease, has the sequelae or residual of a past disease or condition, or has another factor influencing a person's health status. This includes such things as the presence of prosthetic or mechanical devices resulting from past treatment. A status code is informative, because the status may affect the course of treatment and its outcome. A status code is distinct from a history code. The history code indicates that the patient no longer has the condition.

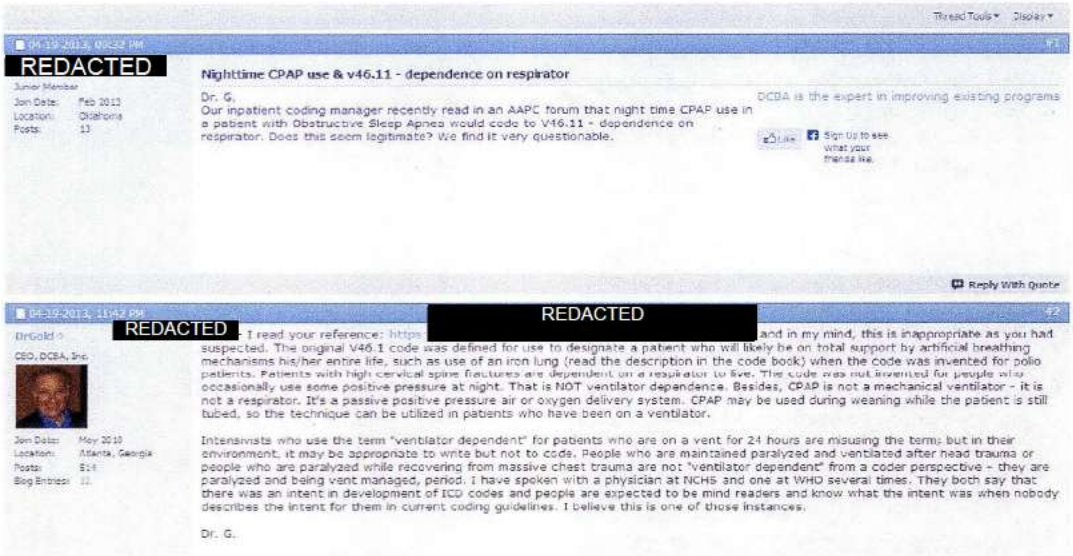
A status code should not be used with a diagnosis code from one of the body system chapters, if the diagnosis code includes the information provided by the status code. For example, code V42.1, Heart transplant status, should not be used with code 996.83, Complications of transplanted heart. The status code does not provide additional information. The

ICD-9-CM Official Guidelines for Coding and Reporting
Effective October 1, 2011
Page 66 of 107

FROM DR. ROBERT GOLD, ASSOCIATION OF CLINICAL DOCUMENTATION IMPROVEMENT SPECIALISTS (ACDIS) ADVISORY BOARD and CEO FOR DCBA CLINICAL DOCUMENTATION IMPROVEMENT

http://www.cditalk.com/threads/496-Nighttime-CPAP-use-amp-v46-11-dependence-on-respirator

Thread: Nighttime CPAP use & v46.11 - dependence on respirator



REDACTED

Nighttime CPAP use & v46.11 - dependence on respirator

Dr. G.
Our inpatient coding manager recently read in an AAPC forum that night time CPAP use in a patient with Obstructive Sleep Apnea would code to V46.11 - dependence on respirator. Does this seem legitimate? We find it very questionable.

DCDA is the expert in improving existing programs

Reply With Quote

REDACTED REDACTED

I read your reference: https and in my mind, this is inappropriate as you had suspected. The original V46.1 code was defined for use to designate a patient who will likely be on total support by artificial breathing mechanisms his/her entire life, such as use of an iron lung (read the description in the code book) when the code was invented for polio patients. Patients with high cervical spine fractures are dependent on a respirator to live. The code was not invented for people who occasionally use some positive pressure at night. That is NOT ventilator dependence. Besides, CPAP is not a mechanical ventilator - it is not a respirator. It's a passive positive pressure air or oxygen delivery system. CPAP may be used during weaning while the patient is still tubed, so the technique can be utilized in patients who have been on a ventilator.

Intensivists who use the term "ventilator dependent" for patients who are on a vent for 24 hours are misusing the terms but in their environment, it may be appropriate to write but not to code. People who are maintained paralyzed and ventilated after head trauma or people who are paralyzed while recovering from massive chest trauma are not "ventilator dependent" from a coder perspective - they are paralyzed and being vent managed, period. I have spoken with a physician at NCHS and one at WHO several times. They both say that there was an intent in development of ICD codes and people are expected to be mind readers and know what the intent was when nobody describes the intent for them in current coding guidelines. I believe this is one of those instances.

Dr. G.

PEDIATRICS OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103275/

WHAT'S KNOWN ON THIS SUBJECT:

Children dependent on long-term mechanical ventilation are a diverse group who experience respiratory failure due to a variety of chronic conditions. Previous state-based analyses estimated a prevalence of 6 to 14 per 100 000 children but did not focus on age differences.

WHAT THIS STUDY ADDS:

The rate of hospital discharges for children dependent on long-term mechanical ventilation has grown to 173.6 per 100 000 nonnewborn pediatric discharges in 2006. Young children and infants consume the highest proportion of health care resources and should be an area of additional study.

4) **Code V46.11 was discussed with Gloryanne Bryant who also agreed with me and Dawna on not capturing this code for newborn initial visits where the newborn was weaned and discharged home. Since there were no specific Coding Clinic references specific to newborns, Gloryanne was to submit a question to Coding Clinic, which she has always done so in the past as point person for NCAL Regional HIM (i.e. Coding Roundtable, common trends, etc.).**

5) Email sent to Sue Bowman, AHIMA Senior Director of Coding and Compliance

From: Sue Bowman [Sue.Bowman@ahima.org]
Sent: 11/22/2013 01:25 PM GMT
To: Gloryanne Bryant; "nleon@aha.org" <nleon@aha.org>
Subject: RE: Question: V46.11 Dependence on respiratory, status (ventilator) on newborns.

Gloryanne,

V46.11 is intended for "dependence" on a ventilator – meaning long-term dependence (such as patients with spinal cord injuries or progressive neuromuscular diseases such as multiple sclerosis) – not for short-term use of a ventilator during an acute illness, following surgery, etc. So it seems unlikely that a newborn would be declared ventilator-dependent?

Sue Bowman, MJ, RHIA, CCS, FAHIMA
Senior Director, Coding Policy and Compliance

AHIMA | American Health Information Management Association
Phone: 312.233.1115 | Fax: 847.251.4742
sue.bowman@ahima.org

From: Gloryanne.H.Bryant@kp.org [mailto:Gloryanne.H.Bryant@kp.org]
Sent: Thursday, November 21, 2013 2:56 PM
To: Sue Bowman; nleon@aha.org
Subject: Question: V46.11 Dependence on respiratory, status (ventilator) on newborns.

Hi there, KP Question came up and I can not locate any guidance .....(I think the question is financially driven HCC - through the HIX methodology)

When a newborn is put on a vent, do we also add the V46.11 Dependence on respiratory, status (ventilator) on newborns??
Our practice has been not to add this to the initial newborn record.

thoughts?

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
National Director Coding Quality, Education, Systems and Support
Regional HIM
NCAL Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
1800 Harrison St. 24th Floor, Oakland, CA 94612
510 625-3980 (tel)
510 625-5701 (fax)
email: Gloryanne.h.bryant@kp.org
Please visit the NCAL HIM resources, tools and information online at our wiki:
http://wiki.kp.org/wiki/x/fYDGBQ

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6) On 11/25/13, we had an onsite staff meeting for our Regional Coding Review Managers and the topic on V46.11 coding was discussed and we all agreed that V46.11 would not be appropriate for newborn initial visits or follow up visits and if the newborn was weaned and discharged home.

7) A follow up phone conference meeting was held on 12/3 @ 4pm (invitation sent by Sharonda Morris and Marcus Lee was chair). Attendees were Erica Eastham, Hans Eric Tan, Lindy Petersen, Marcus Lee, Rod Madamba and Victoria Hernandez. HIM provided our feedback and references on V46.11 and it was revealed that TPMG has moved forward with the policy of capturing ventilator dependence (V46.11) if a newborn was placed on mechanical vent for at least 12 continuous hours. This policy was to carry over with CDI (on HIM inpatient coding). HIM mentioned that based on the references and code definition of code V46.11, this scenario would not meet this code. I shared that a letter was sent to Coding Clinic posing this question specific to newborns. I mentioned that TPMG and HIM had a call pre-scheduled on 12/16 (routine phone conference).

8) Rod gave me a contact person for Lucile Packard to inquire on their coding practice with newborn coding and V46.11. I sent an email to Andrea Houghton, Lucile Packard Coding Manager

RE. Contact info...
Houghton, Andrea to: Victoria M Hernandez 12/04/2013 04:48 PM
Hide Details

From: "Houghton, Andrea" <AHoughton@LPCH.ORG>
To: Victoria M Hernandez/CA/KAIPERM@KAIPERM
History: This message has been replied to and forwarded.
1 attachment
Coding Roundtable 20130 03_for Kaiser.doc

Hi, I'm attaching the conversation that the Children's Hospital Association (CHA) group had re: V46.11 (see yellow highlighted section). It is somewhat of a different conversation than the one you are having but with similar outcome. The CHA decided that it would not capture V46.11 in these cases. I agree with you-V46.11 is really for use in patients who are on vent chronically in Long Term Care or a SNF. It really would not be appropriate to capture in a patient who is on a ventilator for an acute respiratory condition, even if it progressed to a chronic state. Since you are capturing the respiratory condition that causes the patient to be on the ventilator and you have also captured the procedure code for ventilator assistance, V46.11 is not needed (and is a bit redundant).

Hope this helps...

From: Houghton, Andrea
Sent: Wednesday, December 04, 2013 3:48 PM
To: 'victoria.m.hernandez@kp.org'
Subject: Contact info...

Hi Victoria, I just saw your email...I don't check my personal email much while I am at work so this is the best email to reach me at. Feel free to call or email me any time re: coding issues.

Andrea Houghton, MPH, RHIA, CCS, CCS-P, CDIP
AHIMA-Approved ICD-10-CM/PCS Trainer
Coding Manager
Health Information Management Services
Lucile Packard Children's Hospital
4700 Bohannon Road Suite #274, M/C 5900
Menlo Park, CA 94025
Tel: 650.723.0751 Cell: 619.518.4752 Fax: 650.325.1788

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9) On the same morning of 12/4, I read an email sent by Dr. Cachola (CDI) to review a power point presentation on criteria for coding the diagnoses for pediatric HHS HCCs by the medical group. The topic on V46.11 and 12 hours continuous ventilation was also in the power point. I called Dr. Cachola and explained the same discussion we had with TPMG. She asked me to join a phone call with CDI and Dr. Bliss at 1pm and I agreed.

10) Still on 12/4 morning, I got a call from Anne Cadwell and Dr. Bliss who had Marcus Lee, Erica Eastham and other TPMG staff in their room asking me to provide a copy of the letter sent to Coding Clinic and that all letters/questions must first be preapproved by the Coding Governance Committee. I said I don't have a copy of the letter and that they may contact Gloryanne Bryant, who is out of state. They asked for her cell # which I provided but also told them that it's best to get a hold of Gloryanne via email.

11) Dawna Toews and I joined the CDI call with Dr. Bliss. We mentioned that the first time we heard about the 12-hour continuous ventilation rule = V46.11 was after 4pm the day before (when Rod and I were on the TPMG call). We were only asked to provide feedback, research, references/resources on V46.11, which we did but did not know that new policies were already taking place nor were included in the conversation. The Managing Director of HIM has been the point person to submitting questions to Coding Clinic as a result of Coding Roundtable, new topics, gray areas in coding, etc. Coders would not code V46.11 in this scenario and to change this practice, we would need additional guidance, update or change to support capturing this code in these scenarios straight from Coding Guidelines or Coding Clinic. We shared feedback from Dr. Gold (CDI expert), AHIMA and Lucile Packard. We were asked not to inquire outside KP anymore.

12) On 12/8, Dr. Cachola gave me an update (see email below)

From: Shirley Cachola/CA/KAIPERM
To: Victoria M Hernandez/CA/KAIPERM@KAIPERM, Julie A Hager/CA/KAIPERM@KAIPERM
Cc: Diane Ott/PO/KAIPERM@Kaiperm, Roderick C Madamba/CA/KAIPERM@KAIPERM
Date: 12/06/2013 09:30 PM
Subject: Re: Fw: HHS Codes

Thanks, Victoria - what we've agreed to with the med. group is to use "respirator dependence" for patients with tracheal intubation until the specifics are clarified by the coding clinic and to use "acute respiratory failure" for non-trached patients. Not sure this meets compliance since it is not defined but this is how med. group wishes to proceed for now.

Julie - can you add the information below to the "asthma" portion of the powerpoint as a slide? Thanks!

Shirley Cachola, MD
Director, Clinical Documentation Integrity
1800 Harrison, 10th flr., RM 104R05
NCAL Kaiser Permanente
Oakland, CA 94612-3430

phone: outside line: (510) 625-5652
Blackberry: (510) 882-0184
tieline: 8-428-5652

13) AHA email response regarding V46.11 on newborns

From: Gloryanne H Bryant/CA/KAIPERM
To: Victoria M Hernandez/CA/KAIPERM@KAIPERM
Cc: Dawna M Toews/CA/KAIPERM@KAIPERM
Date: 12/06/2013 08:22 AM
Subject: Fw: Question: V46.11 Dependence on respiratory, status (ventilator) on newborns.

Here's the AHA email response.....but I did submit the fax.

Gloryanne

----- Forwarded by Gloryanne H Bryant/CA/KAIPERM on 12/06/2013 08:21 AM -----

From: "Rapier, Anita" <arapier@aha.org>
To: Gloryanne H Bryant/CA/KAIPERM@KAIPERM
Cc: "Ayala, Karen" <kayala@aha.org>, "Leon-Chisen, Nelly" <nleon@aha.org>, "sue.bowman@ahima.org" <sue.bowman@ahima.org>
Date: 12/06/2013 08:17 AM
Subject: RE: Question: V46.11 Dependence on respiratory, status (ventilator) on newborns.

Yes, that is my interpretation.

From: Gloryanne.H.Bryant@kp.org [mailto:Gloryanne.H.Bryant@kp.org]
Sent: Friday, December 06, 2013 10:13 AM
To: Rapier, Anita
Cc: Ayala, Karen; Leon-Chisen, Nelly; sue.bowman@ahima.org
Subject: Re: Question: V46.11 Dependence on respiratory, status (ventilator) on newborns.

thanks
Thus if a newborn was placed on a vent for 12 or even 20 hours and then at discharge is NO longer on the vent, we would not assign the V 46.11 status code to that discharge/stay.

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
National Director Coding Quality, Education, Systems and Support
Regional HIM

National Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
1 Kaiser Plaza- 15th floor, Office #1543, Oakland, CA 94612
510 625-3980 (tel)
510 625-5701 (fax)
email: Gloryanne.h.bryant@kp.org
Please visit the NCAL HIM resources, tools and information online at our wiki:
http://wiki.kp.org/wiki/x/fYDGBQ
BRING SAFETY TO WORK: Know the Basics; Look for Causes; Let Someone Know; Work Safely; and Ask For Help.
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From: "Rapier, Anita" <arapier@aha.org>
To: Gloryanne H Bryant/CA/KAIPERM@KAIPERM
Cc: "Leon-Chisen, Nelly" <nleon@aha.org>, "sue.bowman@ahima.org" <sue.bowman@ahima.org>, "Ayala, Karen" <kayala@aha.org>
Date: 12/06/2013 08:11 AM
Subject: Question: V46.11 Dependence on respiratory, status (ventilator) on newborns.

Hi Gloryanne,

Karen forwarded your question, since Nelly is out of the office on vacation. Traditionally, code V46.11 (respirator dependence status) is used to describe patients who have been dependent on mechanical ventilation over a period of time. It is not used for newborns who are placed on a vent for a short period. This is something that the Co-ops might agree to add to the ICD-10-CM Coding Guidelines since the ICD-9-CM Coding Guidelines are no longer being updated.

Anita

Anita Rapier, RHIT, CCS
Senior Coding Consultant
AHIMA Approved ICD-10-CM/PCS Trainer
American Hospital Association
155 N. Wacker Drive, Suite 400
Chicago, IL 60606-1725
Ph: 312-422-3386
Fax: 312-268-0838
arapier@aha.org

EXHIBIT 21

----- Forwarded by Victoria M Hernandez/CA/KAIPERM on 12/05/2013 03:22 PM -----

From: Shirley Cachola/CA/KAIPERM
To: Victoria M Hernandez/CA/KAIPERM@KAIPERM
Cc: Julie A Hager/CA/KAIPERM@KAIPERM
Date: 12/05/2013 03:19 PM
Subject: call with Dr. Bliss

Victoria - so sorry you got in the line of fire with some of Dr. Bliss's irritation with the letter of clarification that was sent to coding clinic without notifying the med. group around this respirator dependence issue--we both got the information late (I got it from med. group on 12/3 and sent it to you). Apparently, they had consulted compliance but went forward without clarification (we've been trying to develop these criteria with them for training since Sept.) Dr. Bliss wasn't upset with you but with the compliance folks. Thanks for taking the call and explaining. Our current plan is not to use respirator dependence but use acute respiratory failure instead, unless you see a problem with it. Let us know about the feedback from coding clinic if that will come to you or Gloryanne.

Julie - please substitute acute respiratory failure in place of respirator dependence per discussion with Dr. Bliss. Thanks!

Shirley Cachola, MD
Director, Clinical Documentation Integrity
1800 Harrison, 10th flr., RM 104R05
NCAL Kaiser Permanente
Oakland, CA 94612-3430

phone: outside line: (510) 625-5652
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EXHIBIT 22

Gloryanne Bryant <gloryanneb@sbcglobal.net>
To
victoriamhernandez@yahoo.com
Today at 5:29 PM
pls print out

gloryanneb@sbcglobal.net

--- On Mon, 12/9/13, <Gloryanne.H.Bryant@kp.org> wrote:

> From: <Gloryanne.H.Bryant@kp.org>
> Subject: Fw: Fw: HHS Codes
> To: gloryanneb@sbcglobal.net
> Date: Monday, December 9, 2013, 10:30 AM
>
>
> Dawna M Toews
>
> -----
> Original Message -----
>
> From: > Dawna M Toews
>
> Sent: 12/09/2013 08:01 AM PST
>
> To: Gloryanne Bryant
>
> Cc: Victoria Hernandez
>
> Subject: Re: Fw: HHS Codes
>
> How do you proceed when it is clearly out of compliance. Is Sue Muscarella
> aware.? I am not inclined to continue working for a company
> that blatantly ignores guidelines I have promised to follow,
> and that put me in jeopardy of losing my professional
> licensing.
>
>
> Nor will I put the license of my coders on the line without clear guidance from our
> cooperating parties. We cannot move forward with this
> type of guidance without an answer from Coding Clinic.
>
> Dawna M. Toews, MBA, RHIT,
> CCS, CRCR
> AHIMA Approved ICD 10 CM/PCS
> Trainer
>

> Regional Director Coding
> Operations
> NCAL Revenue Cycle
> Kaiser Foundations Health
> Plan Inc& Hospitals
> 1800 Harrison St., 24th
> Floor, Oakland, CA 94612
> 510--625-5650 (tel)
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>
>
>
> Gloryanne H
> Bryant---12/08/2013 10:31:38 PM---Not good. Gloryanne
> Bryant, RHIA, CDIP, CCS, CCDS AHIMA Approved ICD-10-CM/PCS
> Trainer
>
>
>
> From: Gloryanne H Bryant/CA/KAIPERM
>
> To: Victoria M Hernandez/CA/KAIPERM@KAIPERM
>
> Cc: Dawna M Toews/CA/KAIPERM@KAIPERM
>
> Date: 12/08/2013 10:31 PM
>
> Subject: Re: Fw: HHS Codes
>
> Not good.
>
> Gloryanne Bryant, RHIA,CDIP, CCS, CCDS
> AHIMA Approved ICD-10-CM/PCS Trainer
> National Director Coding Quality, Education, Systems and
> Support
> Regional HIM
> National Revenue Cycle
> Kaiser Foundation Health Plan Inc & Hospitals
> 1 Kaiser Plaza- 15th floor, Office #1543, Oakland, CA 94612

> 510 625-3980 (tel)
> 510 625-5701 (fax)
> email: Gloryanne.h.bryant@kp.org
>
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> online at our wiki: http://wiki.kp.org/wiki/x/fYDGBQ
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>
> Victoria M
> Hernandez---12/08/2013 10:26:28 PM---FYI
>
>
>
> From: Victoria M Hernandez/CA/KAIPERM
>
> To: Gloryanne H Bryant/CA/KAIPERM@KAIPERM,
> Dawna M Toews/CA/KAIPERM@KAIPERM
>
> Date: 12/08/2013 10:26 PM
>
> Subject: Fw: HHS Codes
>
> FYI
>
>
>

> VICTORIA M. HERNANDEZ, RHIA, CCS, CDIP, CRCR, AHIMA-Approved
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> Email:Victoria.M.Hernandez@kp.org
>
> Please visit the NCAL HIM resources, tools and information online
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> Coders' Corner: https://wiki.kp.org/wiki/x/g4DGBQ
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> 10:26 PM -----
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>
> From: Shirley Cachola/CA/KAIPERM
>
> To: Victoria M Hernandez/CA/KAIPERM@KAIPERM,
> Julie A Hager/CA/KAIPERM@KAIPERM
>
> Cc: Diane Ott/PO/KAIPERM@Kaiperm, Roderick C
> Madamba/CA/KAIPERM@KAIPERM

>
> Date: 12/08/2013 09:30 PM
>
> Subject: Re: Fw: HHS Codes
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>
> Thanks, Victoria - what
> we've agreed to with the med. group is to use
> "respirator dependence" for patients with tracheal
> intubation until the specifics are clarified by the coding
> clinic and to use "acute respiratory failure" for
> non-trached patients. Not sure this meets compliance
> since it is not defined but this is how med. group wishes to
> proceed for now.
>
>
>
> Julie - can you add the
> information below to the "asthma" portion of the
> powerpoint as a slide? Thanks!
>
>
>
> Shirley Cachola, MD
>
> Director, Clinical Documentation Integrity
>
> 1800 Harrison, 10th flr., RM 104R05
>
> NCAL Kaiser Permanente
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> Oakland, CA 94612-3430
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> tieline: 8-428-5652
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>
> Victoria M
> Hernandez---12/08/2013 07:31:12 PM---Hi Dr. Cachola, Besides
> the revision/discussion on mechanical ventilation, we would
> just add the fol
>
>
>
> From: Victoria M Hernandez/CA/KAIPERM
>
> To: Shirley Cachola/CA/KAIPERM@KAIPERM
>
> Cc: Diane Ott/PO/KAIPERM@KAIPERM, Julie A
> Hager/CA/KAIPERM@KAIPERM, Roderick C
> Madamba/CA/KAIPERM@KAIPERM
>
> Date: 12/08/2013 07:31 PM
>
> Subject: Re: Fw: HHS Codes
>
> Hi Dr. Cachola,

> Besides the revision/discussion on mechanical ventilation, we would just
> add the following comments on the asthma slide (or something
> similar). Thank you.
>
>
> VICTORIA M. HERNANDEZ, RHIA, CCS, CDIP, CRCR, AHIMA-Approved
> ICD-10-CM/PCS Trainer
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> Regional Associate Director of Hospital Coding, Northern

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> Facsimile:
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>
>
> Shirley
> Cachola---12/03/2013 02:39:56 PM---Victoria - the attachment
> below is the med. group presentation of criteria for coding
> the diagnoses
>
>
>
> From: Shirley Cachola/CA/KAIPERM
>
> To: Victoria M
> Hernandez/CA/KAIPERM@KAIPERM
>
> Cc: Roderick C Madamba/CA/KAIPERM@KAIPERM,
> Julie A Hager/CA/KAIPERM@KAIPERM, Diane
> Ott/PO/KAIPERM@Kaiperm
>
> Date: 12/03/2013 02:39 PM
>
> Subject: Fw: HHS Codes
>
>
>
>
>
> Victoria - the attachment
> below is the med. group presentation of criteria for coding
> the diagnoses for pedi. HHS HCC's to use for querying in
> 2014. Julie has the associated codes for the
> HCC's. We are missing anorexia/bulemia, which will
> be provided by med. group later. Please discuss with
> Rod and review for approval/corrections prior to us
> presenting the information to the CDI SC's on 12/10
> (Tues).
>
>
>
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> Director, Clinical Documentation Integrity
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> Forwarded by Shirley Cachola/CA/KAIPERM on 12/03/2013 02:34
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>
> From: Erica E Eastham/CA/KAIPERM
>
> To: Donna K McIvor/CA/KAIPERM@KAIPERM
>
> Cc: David Bliss/CA/KAIPERM@KAIPERM, Julie A
> Hager/CA/KAIPERM@KAIPERM, Shirley
> Cachola/CA/KAIPERM@KAIPERM, Susan D
> Ingebretsen/CA/KAIPERM@KAIPERM
>
> Date: 12/03/2013 08:50 AM
>
> Subject: Re: HHS Codes
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>

>
> [attachment
> "Presentation to PICU PEDIHBS and NICU CDI Nurses_
> 20131202 v6.pptx" deleted by Victoria M
> Hernandez/CA/KAIPERM]
>
>
>
>
>
>
>
> Thanks,
>
> Erica
>
>
>
> Erica E. Eastham, CCS-P
>
> AHIMA Approved ICD-10-CM/PCS Trainer
>
> Director, Documentation Quality and Training
>
> The Permanente Medical Group, Inc. - Encounter
> Information Operations
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> 1950 Franklin St. Oakland, CA. 94612
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> Cell (510) 414-4774
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> Assistant: Denise M Smith (510) 987-4793, tie 8-427
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>
> Donna K
> McIvor---12/03/2013 08:22:04 AM---Hi Dr Bliss and Erica, Dr.
> Cachola asked about the criteria for the NICU, PICU and
> adult HHS codes?
>
>
>
> From: Donna K McIvor/CA/KAIPERM
>
> To: David Bliss/CA/KAIPERM, Erica E
> Eastham/CA/KAIPERM@KAIPERM
>
> Cc: Shirley Cachola/CA/KAIPERM@KAIPERM, Susan
> D Ingebretsen/CA/KAIPERM@KAIPERM, Julie A
> Hager/CA/KAIPERM@KAIPERM
>
> Date: 12/03/2013 08:22 AM
>
> Subject: HHS Codes
>

> Hi Dr Bliss and Erica,
>
> Dr. Cachola asked about the
> criteria for the NICU, PICU and adult HHS codes? I guess that these
> were supposed to be provided by Thanksgiving for CDI
> and HIM to review prior to our CDI 12/10 mtg.?
>
>
>
> So that is why I am sending this email out to you - for your feedback on these HHS
> codes.

> Donna K. McIvor, RN,MSN, CRCR
> Regional Manager, Clinical
> Documentation Integrity (CDI)
>

> NCAL Revenue Cycle Integrity
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> Email: Donna.K.McIvor@kp.org
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Asmtha – cont'd

- Extrinsic Asthma NOS
- Extrinsic Asthma with status asthmaticus
- Extrinsic Asthma with acute exacerbation
- Intrinsic Asthma NOS
- Intrinsic Asthma with status asthmaticus
- Intrinsic Asthma with acute exacerbation
- Chronic Obstructive Asthma NOS
- Chronic Obstructive Asthma with status asthmaticus
- Chronic Obstructive Asthma with acute exacerbation
- Exercise Induced Bronchospasm
- Cough variant Asthma
- Asthma NOS
- Asthma with status asthmaticus
- Asthma NOS with acute exacerbation

- Simple Asthma NOS **does** increase the risk score.
- "possible", "probable", "suspected" will count for coding **if** documented at the time of discharge..
  - Example: Probable Asthma is acceptable.

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EXHIBIT 23

Kaiser Permanente

Neonatal Intensive Care Unit Diagnostic Guidelines

Content Contributors:
Lawrence Dong, MD – Santa Clara
Allen Fischer, MD – Walnut Creek
Mark Ziegler, M.D. – Roseville
Michael W Kuzniewicz, MD – Oakland
Michael Jennis, MD - Oakland

Publish date - 11/18/13
Revision date – 3/17/14

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Table of Contents

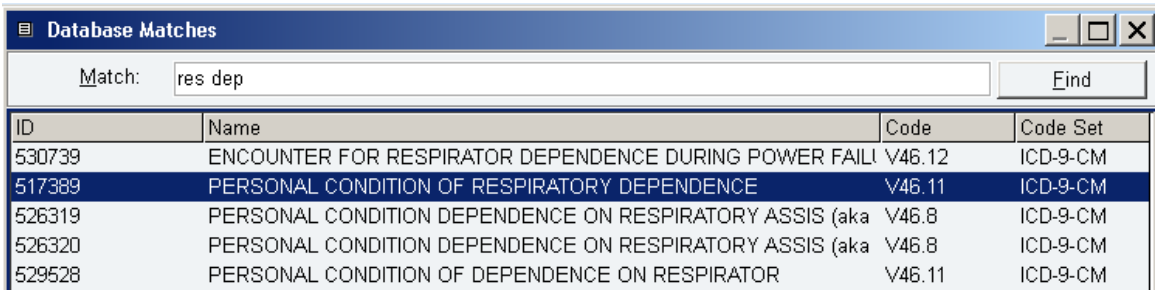
Respirator / Ventilator Dependence	Page 2
Acute Respiratory Failure	Page 2
Congestive Heart Failure	Page 3
Shock	Page 13
SIRS / Sepsis	Page 15

Respirator / Ventilator Dependence

There are no clear-cut coding references that define the description "Dependence on respirator, status" for code V46.11. Coders are instructed by all coding references to assign codes based on physician documentation. Due to the lack of coding guidelines and encoder edits, it is best to depend on the guidance of the physician's documentation for code assignment.

TPMG NICU Leadership in collaboration with NCAL HIMS has agreed to following criteria for assignment of 'Dependence on respirator, status' [V46.11]

- Patient has an endotracheal tube or tracheostomy tube in place and is receiving respiratory support from a conventional (volume or pressure limited modes) or high frequency ventilator for > 30 days, or
- Patient was discharged home on a respirator.



Acute Respiratory Failure

One of the most common and concerning complications seen in low-birth-weight infants is chronic lung disease.

Noninvasive ventilation (NIV), a term applied to a variety of devices capable of supporting neonatal ventilation without the use of an endotracheal tube, is receiving increasing attention as means to reduce damage often incurred with mechanical ventilation.

This guideline will provide an overview of some of the types of NIV being used in neonates and when those mechanisms of delivery would qualify a patient as having Acute Respiratory Failure.

TYPES OF NONINVASIVE VENTILATION

CPAP

CPAP, the application of continuous pressure throughout the respiratory cycle, can be provided by a variety of devices ranging from simple bubble CPAP to sophisticated dedicated mechanical ventilators. CPAP pressure is generated by 1 of 2 mechanisms: varying the flow rate (variable flow devices) or providing a constant flow of gases and varying the pressure by another mechanism (continuous flow devices).
Continuous flow devices include the following: neonatal ventilators that provide a continuous flow of fresh gas and vary the level of positive pressure by controlling gas outflow; and bubble CPAP that generates pressure by submerging the expiratory tubing in a water chamber with the level of water determining the level of CPAP. Bubble CPAP creates chest wall vibration similar to that of high-frequency ventilation that may increase gas exchange although this is disputed.

High-flow nasal cannula

Positive pressure is also generated with the use of nasal cannula. The level of pressure generated by nasal prongs varies according to the flow rate, the type of cannula used, and infant size.

Phasic positive pressure devices

Phasic NIV consists of positive pressure applied across the respiratory cycle combined with periods of increased airway pressure. Intermittent increases in airway pressure (breaths) may be delivered at regular intervals (nonsynchronized) or synchronized with infant inspiratory efforts. The majority of systems currently in use in North America feature some type of synchronization; synchronized NIPPV has also received the most attention in clinical trials.

KP NCAL defines Acute Respiratory Failure as follows:

When any of the following treatments are used individually or collectively for more than 12 continuous hours

- The patient has nasal prongs in place and is having her respiration supported with any device providing nasal continuous positive airway pressure (NCPAP), BIPAP (bi-level positive airway pressure), or NIPPV (non-invasive positive pressure ventilation). The later 2 modalities are enhanced versions of NCPAP with interspersed positive pressure breaths.
- HFNC (high flow nasal cannula) of 2L or more (which is the equivalent of NCPAP).

Congestive Heart Failure

Congestive Heart Failure relative to the Infant Model (birth to 1year), Affordable Care Act
Some supporting literature in regards to diagnosis and guidance in documentation

Reminder: Prior to Infant Model initiation, HYDROPS is fetal congestive heart failure so feasible to make diagnosis at time of birth

Additional References:
A Neonatology Review, 2nd edition, 2010, Dara Brodsky, MD
B NEOREVIEWS Vol. 7 No. 2 February 1, 2006 pp. e88 -e94 (doi: 10.1542/neo.7-2-e88)
C NEOREVIEWS September 1, 2010 vol. 11 no. 9 e495-e502 doi:10.1542/neo.11-9-e495
D NEOREVIEWS Vol. 1 No. 8 August 1, 2000 pp. e139 -e145 (doi: 10.1542/neo.1-8-e139)
E Specialty Review in Neonatology, Feb 19-24, 2013; presentation by Laurie Armsby, MD, Division of Pediatric Cardiology, Oregon Health Sciences University

Congestive Heart Failure in Newborn period outline:
PDA (patent ductus arteriosus)
Congenital Heart Disease (structural)
Inadequate myocardial function (myopathies, metabolic, vascular, infectious, etc)

Reference A.
Clinical Diagnosis

C. CONGESTIVE HEART FAILURE (CHF)

Signs and symptoms resulting from inability of heart to meet demands of body

Hydrops if severe fetal CHF; otherwise, symptoms can include tachypnea, tachycardia, hepatosplenomegaly, weak peripheral pulses, +/- gallop

CXR with increased heart size, increased PVM; Kerley B lines — short horizontal linear densities in lung extending to pleura due to interstitial edema; often difficult to detect in neonates

Medical management with diuretics, inotropic agents

Reference B.
Pulmonary edema can be caused postnatally by many disorders; those that occur frequently during the neonatal period are patent ductus arteriosus or structural congenital heart disease with marked left-to-right shunting.

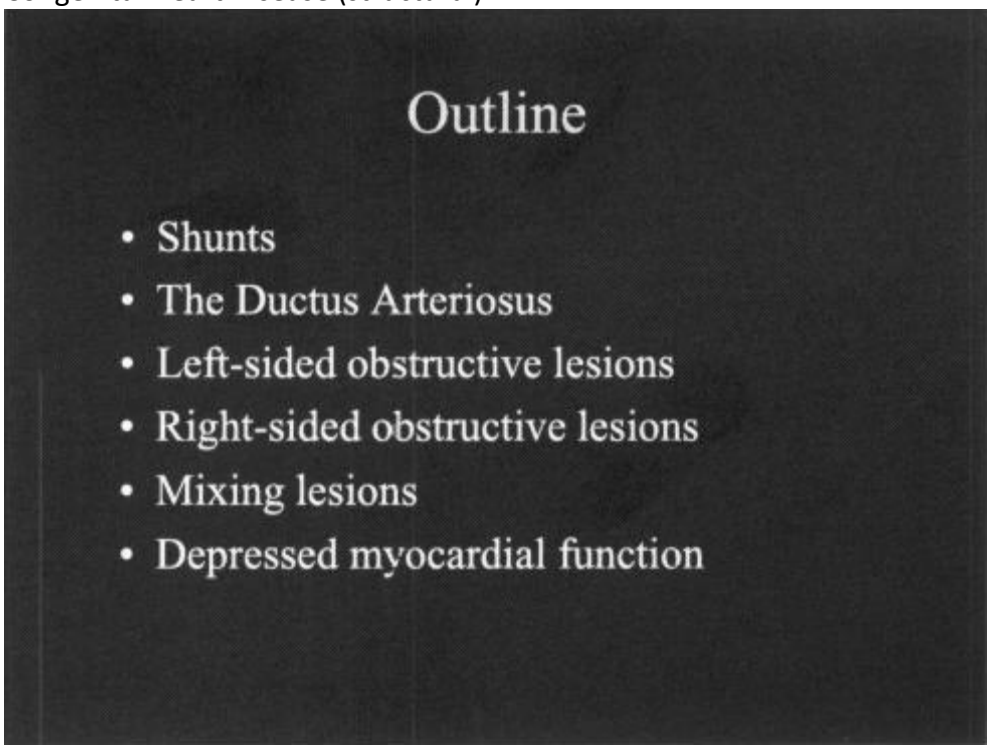
The most common mechanism causing increased fluid movement out of the microvasculature is an increase in the transvascular pressure gradients, as clinically occurs in congestive heart failure (CHF).

Reference C.
Patent Ductus Arteriosus: in Preterm Infants

Table.
Hemodynamically Significant Patent Ductus Arteriosus (HSDA)

Echocardiographic Criteria
Transductal diameter (TDD) >1.5 mm Unrestrictive pulsatile transductal flow Left heart volume loading (eg, left atrium-to-aortic root ratio of 1.5 to 2:1)
Systemic Hypoperfusion (Decreased Qs)
Systemic hypotension Evidence of end-organ hypoperfusion, renal insufficiency, NEC, IVH Acidosis (lactic, metabolic)
Pulmonary Overcirculation (Increased Qp)
Oxygenation failure Increased ventilation requirements Radiologic evidence of cardiomegaly or pulmonary edema

Reference D.
Congenital Heart Disease (structural)



Pathophysiology of PDA in the Preterm Infant

Principles:

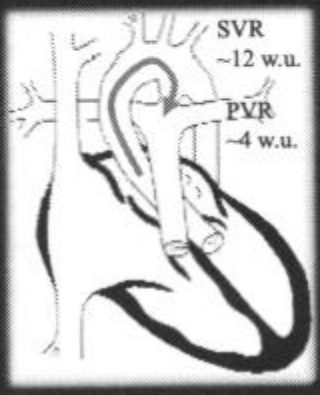
- Pulmonary overcirculation
- Diastolic run-off (wide PP)
- Increased cardiac work



Pathophysiology of PDA in the Preterm Infant

Pulmonary overcirculation

- Excessive volume in pulmonary circulation
- Enlarged MPA, LA/LV
- Stretched PFO with L→R shunt
- Poor oxygen/$C0_2$ exchange
- Tachypnea, increased work of breathing
- Incrd pulm vascularity on CXR
- Steal from systemic circulation
- Poor feeding/weight gain



Recognizing the Pre-term Neonate with a PDA

Sx:
Fatigued, sweaty

Sn:
Tachypneic, mildly hypoxic, rales, tachycardic, poor wt gain, bounding pulses, continuous murmur

CXR:
Incr'd vascular markings & MPA, ± cardiomegaly



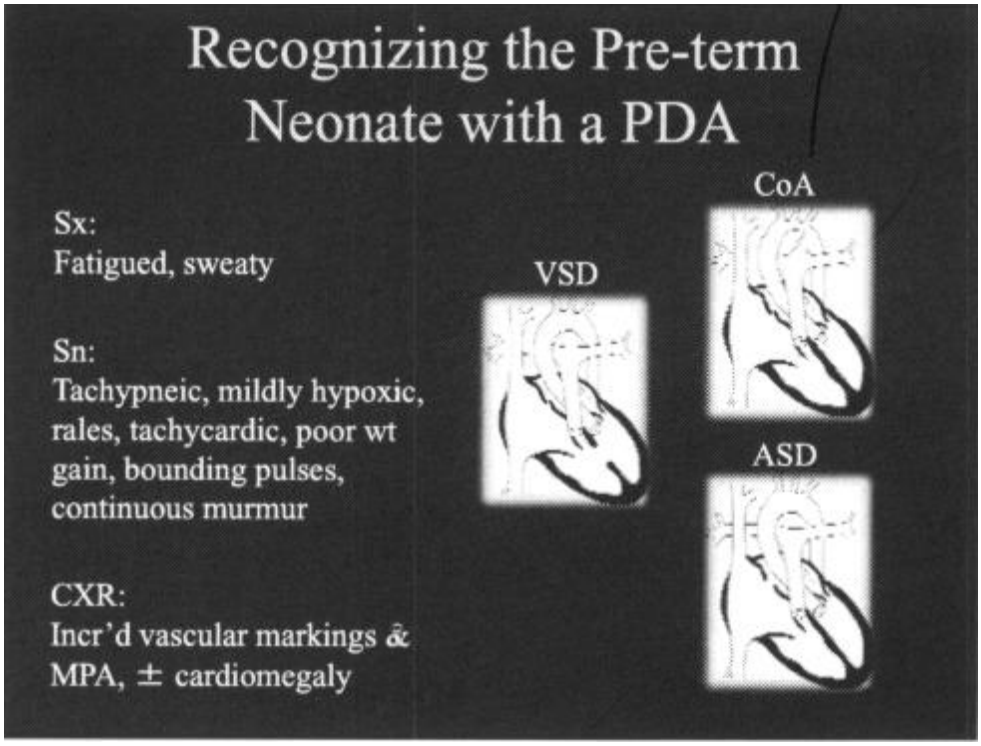
Recognizing the Pre-term Neonate with a PDA

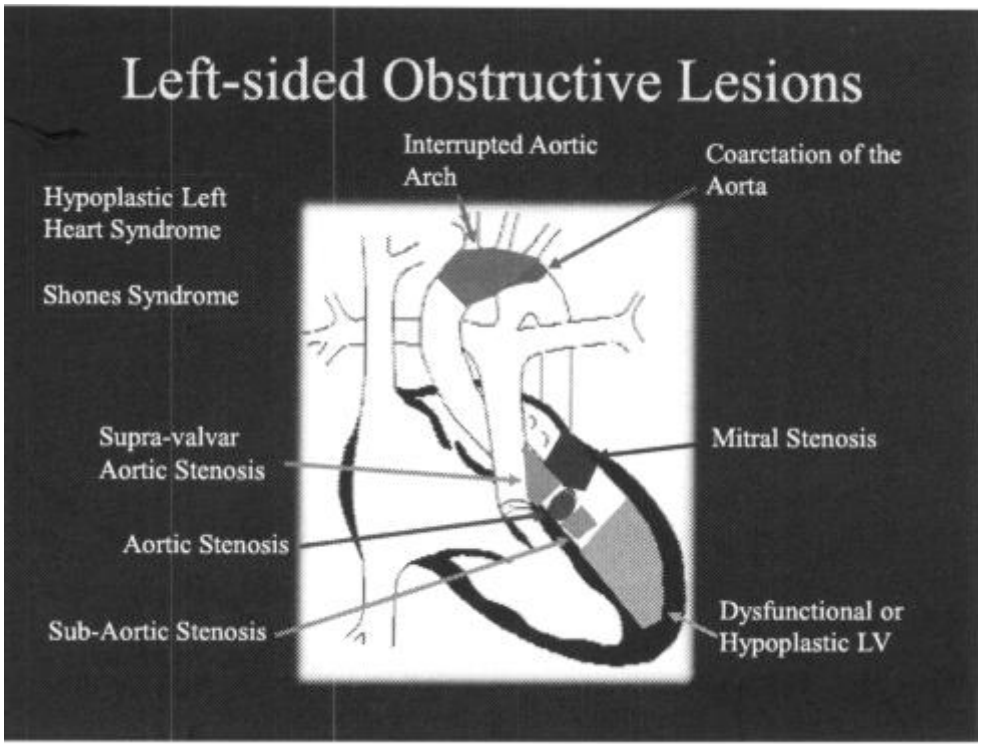
Sx:
Fatigued, sweaty

Sn:
Tachypneic, mildly hypoxic, rales, tachycardic, poor wt gain, bounding pulses, continuous murmur

CXR:
Incr'd vascular markings & MPA, ± cardiomegaly

Question #3: What other cardiac lesions present like this?


Recognizing the Pre-term Neonate with a PDA
Sx:
Fatigued, sweaty
Sn:
Tachypneic, mildly hypoxic, rales, tachycardic, poor wt gain, bounding pulses, continuous murmur
CXR:
Incr'd vascular markings & MPA, ± cardiomegaly
VSD
CoA
ASD


Left-sided Obstructive Lesions
Hypoplastic Left Heart Syndrome
Shones Syndrome
Interrupted Aortic Arch
Coarctation of the Aorta
Supra-valvar Aortic Stenosis
Aortic Stenosis
Sub-Aortic Stenosis
Mitral Stenosis
Dysfunctional or Hypoplastic LV

Recognizing the Infant with a Left-sided obstructive lesion

Before ductus closes:
Systolic murmur, differential 0_2 sats

As/after ductus closes:
Gallop, ± murmur, weak pulses, cool extremities, poor perfusion, tachypnea, cardiogenic shock, acidosis

Dominant early feature: cardiogenic shock (resembling sepsis)

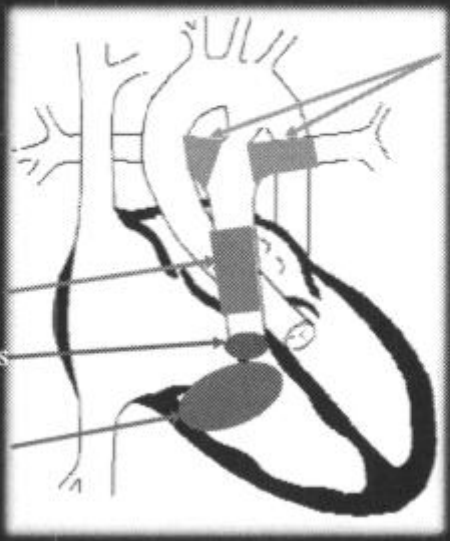
CXR:
Incr'd vascular markings, ± cardiomegaly



Right-sided Obstructive Lesions

Tetralogy of Fallot

Pulm Atresia/VSD



branch pulmonary stenosis

supravalvar pulmonary stenosis

pulmonary stenosis or atresia

tricuspid stenosis or atresia
neonatal Ebsteins

Recognizing the Infant with a Right-sided obstructive lesion

Before ductus closes:
± Systolic murmur, hypoxemia, bounding pulses

As/after ductus closes:
± murmur, tachypnea, severe hypoxemia; followed by cardiogenic shock, acidosis

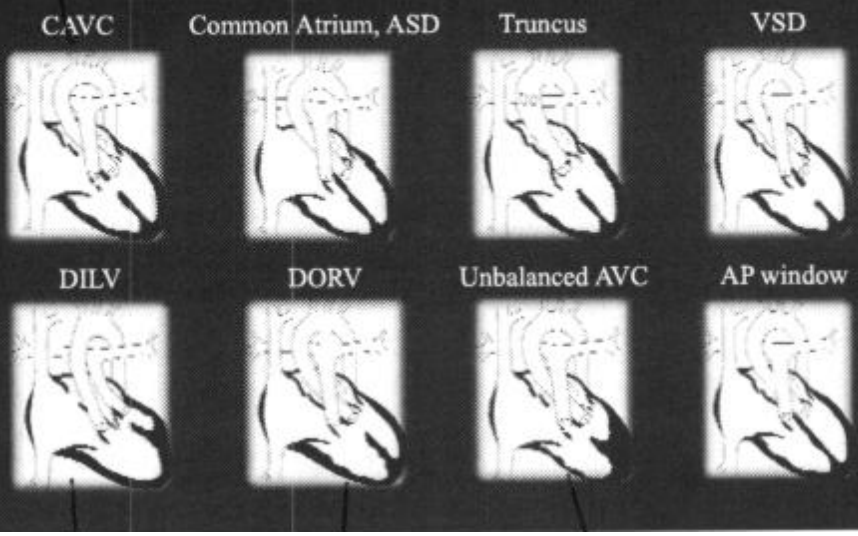
Dominant early feature: cyanosis

CXR:
Decr'd vascular markings



Mixing Lesions

Question #12: Name 8 mixing lesions



Recognizing the Infant with a mixing lesion

Before ductus closes:
± systolic murmur, hypoxemia

As/after ductus closes:
no difference

In the older infant:
tachypnea, murmur, hypoxemia, poor wt gain, poor feeding, diaphoresis

Dominant early feature: murmur

CXR:
Increased vascular markings, ± cardiomegaly



Recognizing the Infant with a cardiomyopathy

Hypotension, tachycardia, poor perfusion, cool extremities, diaphoresis

Dominant early feature: poor perfusion, tachycardia

CXR:
Cardiomegaly



E.
DILATED CARDIOMYOPATHY
PHYSICAL EXAMINATION
The signs of congestive heart failure include tachypnea, tachycardia, narrow pulse pressure with decreased peripheral pulses, hepatomegaly, and pallor. In severe cases, there may be cardiovascular collapse. Cyanosis is rare, but wheezing is common. Rales are seldom present in infants, but may be noted in older children.
Results of the cardiac examination may be subtle. Muffling of heart sounds occasionally is noted, although a gallop is a much more common finding. In some cases, the murmur of mitral insufficiency may be appreciated at the apex.

HYPERTROPHIC CARDIOMYOPATHY
Infants who have hypertrophic cardiomyopathy most typically present with congestive symptoms, including tachypnea, poor feeding, and growth failure. In some cases, the diagnosis is made because of a prior diagnosis in another family member; occasionally, a near-miss sudden death episode from arrhythmia is the sentinel event. Congestive symptoms are due to diastolic dysfunction of the left ventricle that causes elevated pulmonary venous pressure. This does not correlate well with the degree of left ventricular obstruction.
PHYSICAL EXAMINATION
The physical examination findings generally are related to the presence of left ventricular outflow obstruction. The degree of outflow obstruction is highly variable, and it may be absent. In patients who do not have outflow obstruction, findings on physical examination may be entirely normal, suggesting the need for routine echocardiography in patients whose history strongly suggests the possibility of hypertrophic cardiomyopathy. Patients who have outflow obstruction will have evidence of a systolic ejection murmur in the aortic region. Infants may have a subpulmonary obstruction as well, giving rise to a somewhat louder systolic murmur in the pulmonic valve area. In infants, hepatomegaly also may be observed.

CDI Criteria:

Documentation of PDA
Existing dxs that would include CHF
Review of chest xray that shows evidence of pulm edema, cardiomegaly
Echo with existing Problem List dx of heart dz
Lasix (daily)
Restriction of fluids prior to diruetics

SHOCK

Shock is a complex syndrome of circulatory dysfunction associated with reduced oxygen and nutrient delivery to peripheral and ultimately to central organs. The etiology is multifactorial. The major secondary complication of severe shock is a syndrome characterized as Systemic Inflammatory Response Syndrome (SIRS).

Likely clinical contexts for development of shock:

- Feto-maternal hemorrhage
- Vasa previa
- Cord accidents/acute bleeding
- Perinatal asphyxia
- ELBW infant
- Chorioamnionitis
- Severe sepsis
- Unreplaced fluid losses

Clinical features of shock

- Hypotension
- Peripheral vasoconstriction
- Poor capillary refill (>3 seconds)
- Tachycardia
- Bradycardia in ELBW
- Tachypnea
- Hypoxia
- Metabolic/lactic acidosis
- CNS disturbances (lethargy, irritability)
- Oliguria (<0.5 ml/kg/hours)
- Coagulopathy

Treatment may include:

- Respiratory support
- Volume expansion
- Alkali therapy
- Vasopressor agents
- Antibiotics
- Blood products

Considerations for coding: There is no single diagnostic test or clinical parameter that defines shock in the neonatal population. **If two or more of the following 6 conditions are present the patient warrants are diagnosis of shock.**

Blood pressure: Shock usually includes a component of hypotension, however blood pressure may be normal in the early phase of shock (compensated). The presenting signs may be tachycardia (>180 bpm) or a change in heart rate over the baby's previous baseline rate. In conjunction with other evidence of poor tissue perfusion or organ dysfunction in at least one other system (see below) the coding for shock may be appropriate.

A single volume bolus , possibly repeated again is used often for blood pressure readings falling below a target range , or for metabolic acidosis, without evidence of other organ dysfunction. Those situations would not qualify for a shock coding.

However, hypotension (need for > 2 boluses) without improvement, or need for an inotrope would support a shock coding.

Evidence of cardiac dysfunction: an echocardiogram indicating poor myocardial function, decreased cardiac output , or an obstructive cardiac lesion in conjunction with hypotension, or persistent acidosis or other evidence of organ dysfunction would warrant a shock coding.

Capillary Refill Time (CRT) and Central-peripheral Temperature difference (CPTd) : delayed capillary refill (>3 sec) or CPTd (>2 ° C) may help support a shock diagnosis, but should not be the sole criteria for a shock coding.

Acidosis : a persistent lactic acidosis (>2.5 mmol/liter) would be supportive of a shock coding if other causes (inborn error of metabolism) have been ruled out.

Urine output: decreased urine output may be physiologic in the first 24 hours, and there are some technical difficulties in obtaining accurate measurements. Oliguria (<.5ml/kg/hour) would be supportive of a shock coding if other factors (volume status, intrinsic renal disease) have been ruled out.

Coagulopathy: active bleeding or abnormal coagulation studies would be an ominous late sign of shock. If other etiologies are ruled out, coagulopathy would be supportive of a shock coding.

SIRS / SEPSIS

The clinical syndrome defined by the presence of ***both*** infection and a systemic inflammatory response (SIRS).

Infection

Documented or suspected
Positive blood or CSF culture for a pathogenic organism
Negative blood culture but treatment with antibiotics by the medical team for 7 days; no apparent infection at another site

SIRS (Need at least 3 of the following):

General parameters

Fever (temperature >38.5°C)
Hypothermia (core temperature <36°C)
Heart rate >180 bpm
Tachypnea: >60 breaths/minute
Lethargic
Significant edema or positive fluid balance (>20 ml/kg over 24 h)
Hyperglycemia (plasma glucose >180 mg/dL)
Apnea > ususal baseline

Inflammatory parameters

Leukocytosis (white blood cell count >20,000/µl)
Leukopenia (white blood cell count <5,000/µl)
Normal white blood cell count with >15% immature forms
Plasma C reactive protein >3

Hemodynamic parameters

Arterial hypotension (systolic blood pressure <or mean arterial pressure <2 SD below normal for age)
Shock

Organ dysfunction parameters

Arterial hypoxemia (PaO_2/FiO_2 <300)
Acute oliguria (urine output <0.5 ml kg/hour)
Creatinine >1.5 mg/dL
Coagulation abnormalities (international normalized ratio >1.7 or activated partial thromboplastin time >60 s)
Ileus
Thrombocytopenia (platelet count <100,000/µl)

Tissue perfusion parameters

Hyperlactatemia (>2 mmol/l)
Decreased capillary refill or mottling (capillary refill time >3seconds)

EXHIBIT 24

SDAL

HEALTH CARE REFORM

Health Insurance Exchange (HIX)
Neonatology
Documentation and Coding 2014



CLINICAL DOCUMENTATION & Audit Operations

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Today's Discussion

- SCAL Neonatology Training Plan
- Healthcare Reform and the Risk Adjustment Payment Model
- The Infant Model
- Documentation and Coding Guidelines
- SCAL Neonatology High Acuity HIX Diagnoses
- Appendix

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Commonly Used Acronyms

- HIX: Health Insurance Exchange
- HHS: Department of Health and Human Services
- HCC: Hierarchical Conditions Categories
- CMS: Centers for Medicare and Medicaid Services

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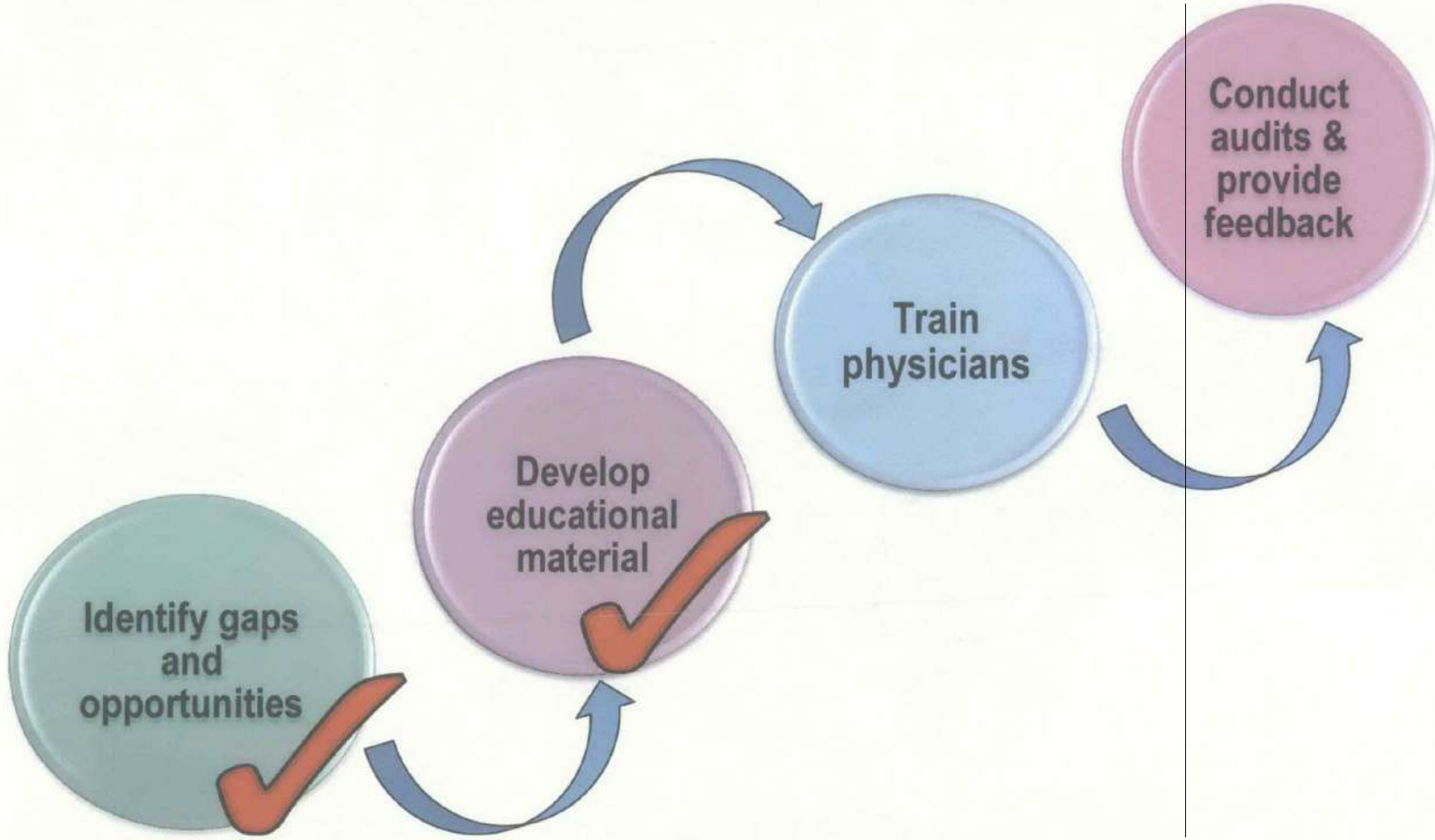
SCAL Neonatology Training Team

- SCAL Neonatology Training Team
  - David Braun, MD, Regional Physician Coordinator, Perinatal Services
  - Mandhir Gupta, MD, Physician Coordinator, Downey Medical Center
  - Terri Ma, Practice Specialist, Clinical Documentation and Audit Operations
- Worked in collaboration with NCAL Neonatology
- Data Analysis included:
  - CPQCC California Perinatal Quality Care Collaborative
  - Pulled ICD 9 Codes reportd for all patients in CPQCC
  - Reviewing Utilization reports for Neonatology to identify areas of missed opportunities

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Steps of Implementation



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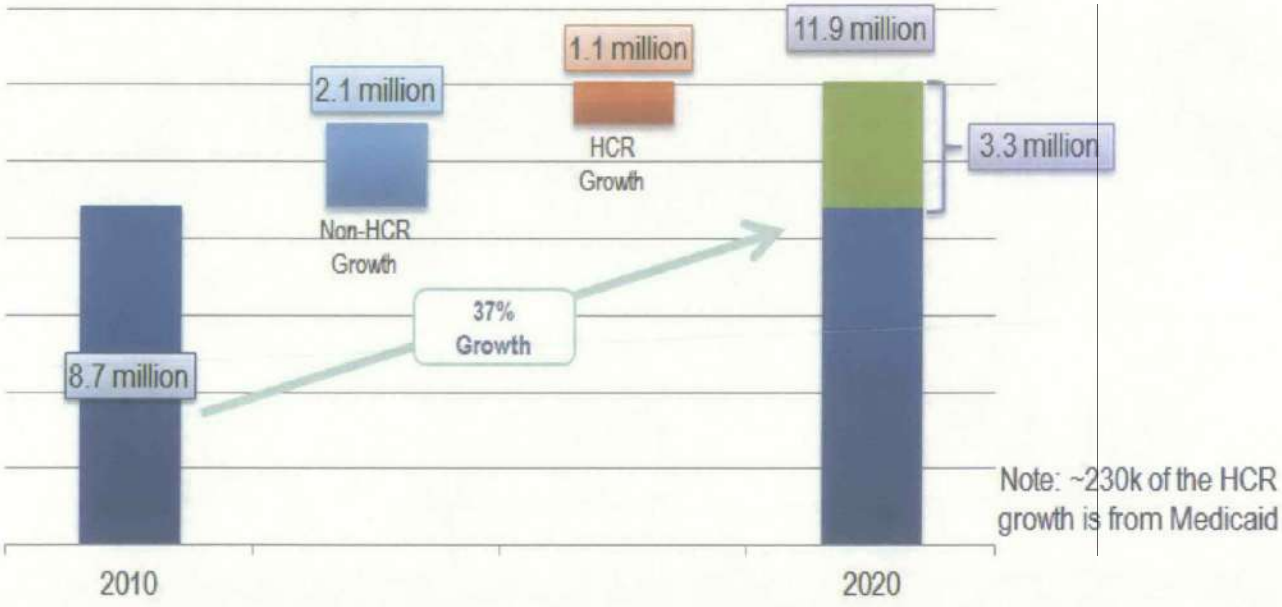
Risk Adjustment Payment Model

Why is Risk Adjustment Important?



- Health Insurance Exchanges takes effect on- **1/1/2014**
- Health Insurance Exchanges (HIX) will drive about 1/3 of KP's membership growth over the next 10 years

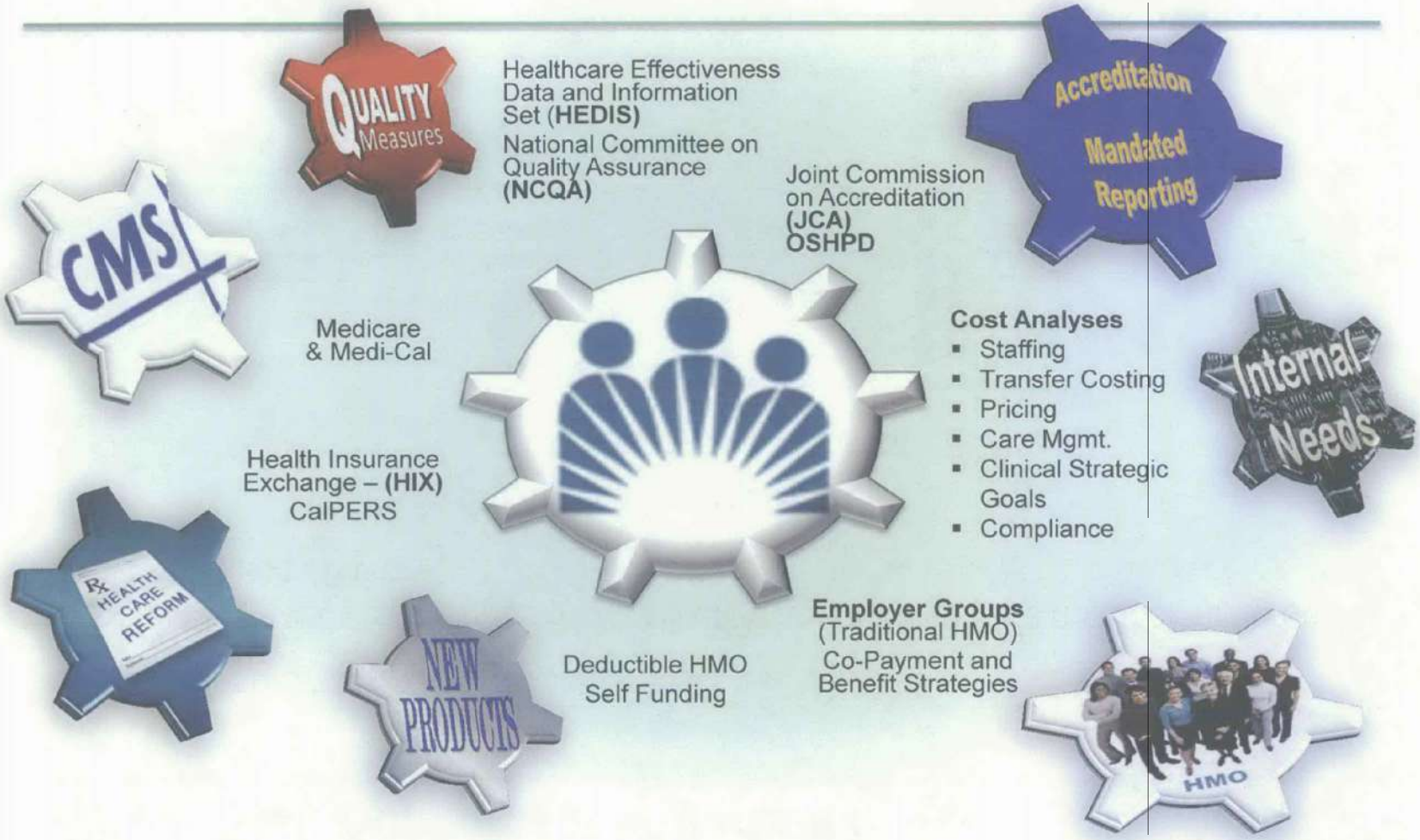
Projected KP Membership Growth



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Medical Coding Impacts Every Aspect of Our Organization



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Risk Adjustment Payment Model Comparison

Medicare Advantage

- Since 2003
- Member age: 65+
- 79 HCCs
- 3,033 Diagnoses
- Prospective Payment Model: data captured for current year will impact payment for the following year

Health Insurance Exchanges

- New for 2014
- Member age: 0 – 64
- 127 HCCs
- 3,473 Diagnoses
- Concurrent Payment Model: 2014 data capture impacts 2014 payment



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Health Insurance Exchange (HIX) HCC Model

- Model is concurrent: 2014 data capture impacts 2014 payments
- Diagnoses must be reported at a **minimum** once each calendar year
  - by SCPMG physicians and/or physician extenders
  - at any setting including in-patient, out-patient and ED
- Diagnoses must be reported from a face-to-face encounter



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Neonatal Patients Are Important in HIX:

- Percentages of members with HIX-HCCs (based on FFS Data)
  - *Adult 19%*
  - *Child 9%*
  - **Infant 45%**

45% of infant members will have an HHS-HCC diagnosis



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The Infant Model

The Infant Model



- Ages **0 – 24** months



- Infant risk score is determined by **Maturity** and **Severity** of diagnosis
- A **Severity Level** is assigned to each diagnosis in the Infant Model
  - Includes virtually all of the adult and child HCCs (and more)
  - Severity Levels: 1 through 5
- Many of the more severe conditions will be hospital diagnoses

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HIX Newborn Maturity Categories



Maturity Category	Birth Weight (grams)
Extremely Immature	< 500
	500 – 749
	750 – 999
Immature	1000 – 1499
	1500 – 1999
Premature	2000 – 2499
Malnourished & Multiples	No requirement
Term	Normal or High

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Examples of Severity Categories



Severity Category	Examples of HHS-HCCs included
Severity Level 5	Respirator Dependence/Tracheostomy Status
Severity Level 5	Hypoplastic Left Heart Syndrome and Other Severe Congenital Heart Disorders, Congestive Heart Failure
Severity Level 4	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock
Severity Level 4	Aspiration and Specified Bacterial Pneumonias and Other Severe Lung Infections
Severity Level 3	HIV/AIDS
Severity Level 3	Acute Liver Failure/Disease, Including Neonatal Hepatitis
Severity Level 2	Drug Dependence
Severity Level 2	Protein-Calorie Malnutrition
Severity Level 1	Acute Pancreatitis/Other Pancreatic Disorders and Intestinal Malabsorption
Severity Level 1	Chronic Kidney Disease, Severe (Stage 4)

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This is How Newborn Maturity & Severity Comes Together

	Severity Category Scores				
Newborn Maturity Level	**Severity 1**	**Severity 2**	**Severity 3**	**Severity 4**	**Severity 5**
Extremely Immature < 999 grams	59	59	59	222	391
Immature 1000 - 2499 grams	31	31	44	87	205
Premature/Multiples	6	8	17	32	171
Term	1.00	3	6	19	131
Age 1	0.33	2	3	10	61

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Newborn HHS HCC Case Examples

Case Example	Maturity	Condition	Severity	Risk Score
Premature infant weights 745 g with **"Respiratory Distress Syndrome"**	Extremely Immature	Respiratory Distress Syndrome	4	222
Premature infant weights 1010 g with **"Respiratory Distress Syndrome"**	Immature	Respiratory Distress Syndrome	4	87
Premature infant weights 1010 g with **"Newborn Respiratory Disease"**	Immature	Newborn Respiratory Disease	Not an HIX HCC Diagnosis	Base Payment for Premature Infant

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Documentation and Coding Guidelines

Documentation and Coding Guidelines

- Indicate the Primary / Principle Diagnosis (chiefly responsible for services provided)
- Document and report :
  - all coexisting conditions that require/affect patient treatment and/or management.
  - personal/family history if it impacts treatment
  - evaluation and/or treatment of all diagnoses
  - all diagnoses to the highest degree of specificity & certainty
  - cause-and-effect relationship of an underlying disease and its manifestation(s).

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SCAL Neonatology High Acuity HIX Conditions

Neonatology High Acuity HIX Diagnoses

- **Selection criteria was based on:**
  - low reporting rate in 2012
  - high HIX severity level
  - the need for standard clinical or coding definition



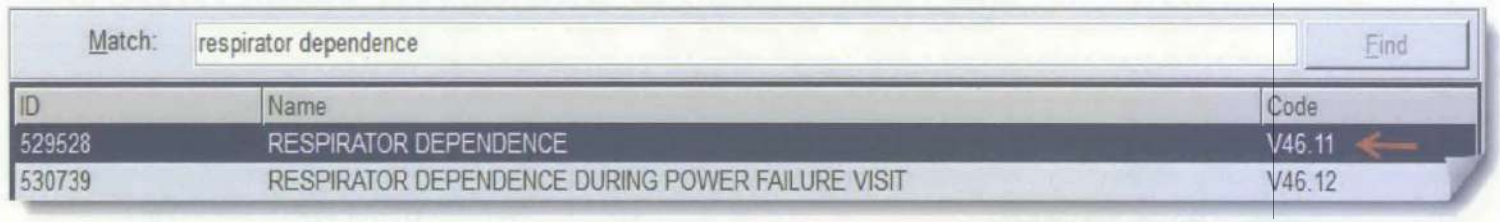
- **Five conditions were selected for training:**

Respirator Dependence	Severity 5
CHF	Severity 5
SIRS, Sepsis/Severe Sepsis, Septic Shock	Severity 4
Necrotizing Enterocolitis Stage 1	Severity 5
Protein-Calorie Malnutrition	Severity 2

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Respirator Dependence

- **Challenge:**
  - There are no clear-cut time frame set on what constitutes ventilator dependence.
  - Coding Clinic stated: "this code should be reported when the patient requires continued ventilator support for an unexpected extended period of time and not for short –term acute phase of a condition. "
  - High HIX severity level with a low reporting rate in 2012



- **Our recommendation: define respiratory dependence as:**
  - Duration of care > 21 days
  - Type of care: any combination of
    - HFNC >= 2 LPM, NCPAP, BIPAP, and/or NIPPV
    - Endotracheal CPAP, conventional ventilator care, or HFOV

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Congestive Heart Failure

- **Challenge:**
  - High HIX severity level with a low reporting rate in 2012
  - Need for a standard clinical or reporting definition
- **Our Recommendations: code CHF if:**
  - **Patient has a reason for failure**

    Examples:
    - PDA (patent ductus arteriosus)
    - Congenital Heart Disease (structural)
    - Inadequate myocardial function (myopathies, metabolic, vascular, infectious, etc)

Match: congestive heart failure Find

Name	Code
HYPERTENSIVE HEART DISEASE, W CHF (CONGESTIVE HEART FAILURE)	402.91,428.0
CHF (CONGESTIVE HEART FAILURE)	428.0

  - **Objective Evidence of CHF or its treatment:**

    Examples:
    - Symptomatic PDA
    - Moderate or large PDA on echo
    - Chest x-ray with haziness and/or cardiomegaly
    - Elevated BNP
    - Restriction of fluids, dopamine, Lasix, indomethacin, PDA ligation

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SIRS

Challenge:

- High HIX severity level with a low reporting rate in 2012
- Need for a standard clinical or reporting definition

Our recommendation: at least 3 of the following):

- Fever (temperature >38.5°C)
- Hypothermia (core temperature <36°C)
- Heart rate >180 bpm
- Tachypnea: >60 breaths/minute
- Lethargy
- Significant edema or positive fluid balance (>20 ml/kg over 24 h)
- Hyperglycemia (plasma glucose >180 mg/dL)
- Apnea > usual baseline

Match: sirs Find

ID	Name	Code	
507238	SIRS DUE TO INFECTION W ACUTE ORGAN DYSFUNCTION	038.9, 995.92	← Severe sepsis w/acute organ dysfunction
507239	SIRS DUE TO INFECTION WO ORGAN DYSFUNCTION	038.9, 995.91	← Sepsis
537279	SIRS DUE TO NONINFECTIOUS PROCESS W ACUTE ORGAN FAILURE	995.94	← SIRS noninfectious w/acute organ failure
537259	SIRS DUE TO NONINFECTIOUS PROCESS WO ACUTE ORGAN FAILURE	995.93	← SIRS noninfectious w/o acute organ failure
523875	SIRS WO ORGAN DYSFUNCTION	995.90	← SIRS

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Sepsis

Challenge:

- Might be incorrectly reported as SIRS or bacteremia
- Need for a standard clinical or reporting definition
- High HIX severity level with a low reporting rate in 2012

Our recommendation: meets criteria if:

- The clinical syndrome defined by the presence of ***both*** infection and a systemic inflammatory response (SIRS).
- **Documentation needed:**
  - Documentation of SIRS
  - Documentation of Infection
- **Diagnostic Criteria - Infection:**
  - Confirmed or suspected:
  - Positive blood or CSF culture for a pathogenic organism
  - Negative blood culture but treatment with antibiotics for ≥7 days; no apparent infection at another site

Match: sepsis Find

ID	Name	Code
533687	NEONATAL EARLY ONSET SEPSIS, ON OR BEFORE DAY 3	771.81
533689	NEONATAL LATE ONSET SEPSIS, AFTER DAY 3	771.81

Note: Use additional codes to identify severe sepsis (995.92) and any associated acute organ dysfunction, if applicable

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Severe Sepsis

Challenge:

- Not frequently coded distinctly from "generic" sepsis
- Need for a standard clinical or reporting definition
- High HIX severity level with a low reporting rate in 2012

Our recommendation: remember to distinguish

Definition:

- Severe sepsis with acute organ dysfunction. 995.92

Match: severe sepsis Find

ID	Name	Code
535369	SEVERE SEPSIS W ACUTE ORGAN DYSFUNCTION	038.9, 995.92
502822	SEVERE SEPSIS W ACUTE ORGAN DYSFUNCTION, W ANAEROBIC SEPTICEMIA	038.3, 995.92
507967	SEVERE SEPSIS W ACUTE ORGAN DYSFUNCTION, W COAGULASE NEGATIVE STAPH SEPTI	038.19, 995.92
502823	SEVERE SEPSIS W ACUTE ORGAN DYSFUNCTION, W E COLI SEPTICEMIA	038.42, 995.92
502830	SEVERE SEPSIS W ACUTE ORGAN DYSFUNCTION, W PSEUDOMONAS SEPTICEMIA	038.43, 995.92
502833	SEVERE SEPSIS W ACUTE ORGAN DYSFUNCTION, W SERRATIA SEPTICEMIA	038.44, 995.92
502834	SEVERE SEPSIS W ACUTE ORGAN DYSFUNCTION, W STAPH SEPTICEMIA, FINAL ID PENDIN	038.10, 995.92

Note: Use additional codes specify acute organ dysfunction, such as septic shock 785.52

Documentation needed:

- Documentation of SIRS with infection (confirmed or suspected)
- Documentation of acute organ dysfunction

Diagnostic Criteria - Organ Dysfunction:

- Arterial hypoxemia (PaO_2/FiO_2 <300)
- Acute oliguria (urine output <0.5 ml kg/hour)
- Creatinine >1.5 mg/dL
- Coagulation abnormalities (INR >1.7 or activated partial thromboplastin time >60 s)
- Ileus
- Thrombocytopenia (platelet count <100,000/µl)

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Shock (Septic, Cardiogenic, Hypovolemic)

Challenge:

- Not frequently coded distinctly from "generic" sepsis
- Need for a standard clinical or reporting definition
- High HIX severity level with a low reporting rate in 2012

Our recommendation: remember to distinguish

Definition:

- Shock is a complex syndrome of circulatory dysfunction associated with reduced oxygen and nutrient delivery to peripheral and ultimately to central organs. The etiology is multifactorial. Major classes of shock include cardiogenic, hypovolemic, and septic shock.

Diagnostic Criteria:

- Hypotension
- Peripheral vasoconstriction

Examples of Common Clinical Context:

- Feto-maternal hemorrhage (772.0-772.9)*
- Vasa previa (663.50-663.53)*
- Cord accidents/acute bleeding (663.00-663.93)*
- Perinatal asphyxia (768.3-768.6, 768.9)*
- ELBW infant (765.00-765.09)*
- Chorioamnionitis (762.7)
- Severe sepsis (995.92)*
- Unreplaced fluid losses

Match: shock

ID	Name	Code
516050	SHOCK	785.50
514444	CARDIOGENIC SHOCK	785.51
513215	HYPOVOLEMIC SHOCK	785.59
513213	SEPTIC SHOCK	785.52
502809	SEPTIC SHOCK W ACUTE ORGAN DYSFUNCTION, W ANAEROBIC S	038.3, 995.92, 785.52
507968	SEPTIC SHOCK W ACUTE ORGAN DYSFUNCTION, W COAGULASE I	038.19, 995.92, 785.52
502810	SEPTIC SHOCK W ACUTE ORGAN DYSFUNCTION, W E COLI SEPTI	038.42, 995.92, 785.52
507976	SEPTIC SHOCK W ACUTE ORGAN DYSFUNCTION, W ENTEROCOCC	038.8, 995.92, 785.52
508008	SEPTIC SHOCK W ACUTE ORGAN DYSFUNCTION, W GONOCOCCAI	098.89, 995.92, 785.52
502813	SEPTIC SHOCK W ACUTE ORGAN DYSFUNCTION, W MENINGOCOC	036.2, 995.92, 785.52
502853	SEPTIC SHOCK W ACUTE ORGAN DYSFUNCTION, W OTHER SEPTI	038.8, 995.92, 785.52

*Code range contains multiple HIX HCC codes

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Stage 1 Necrotizing Enterocolitis in Newborn

Challenge:

- Neonatologists are reluctant to report Stage 1 NEC
- HIX HCC reimbursement for NEC Stage 1 same as Stage 2 and 3.
- High HIX severity level with a low reporting rate in 2012

Our recommendation: remember to diagnose

- **Stage 1 Suspected: 777.51**
  - Nonspecific systemic signs including lethargy, abdominal distention, and blood in stool. Radiology studies may be normal or positive for bowel dilation. Without pneumatosis, without perforation.
  - And treated with NPO and antibiotics for at least 5 days

Match: neonatal necrotizing enterocolitis Find

ID	Name	Code
535608	NEONATAL NECROTIZING ENTEROCOLITIS	777.50
535730	NEONATAL NECROTIZING ENTEROCOLITIS, STAGE 1 ←	777.51
535729	NEONATAL NECROTIZING ENTEROCOLITIS, STAGE 2	777.52
535728	NEONATAL NECROTIZING ENTEROCOLITIS, STAGE 3	777.53

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Malnutrition

Challenge:

- High HIX severity level with a low reporting rate in 2012
- Need for a standard clinical and/or reporting definition

Definition:

a. AAP:

- Weight (or weight for height) is less than 2 SD below mean for sex and age **(<3%ile).**
- Weight curve has crossed more than 2 percentile lines ON NCHS growth charts after having achieved a previously stable pattern.

b. Z score to be -2

- Z score can be calculated from available excel sheets by CDC, link enclosed.

http://www.cdc.gov/growthcharts/zscore.htm

c. Other References : *See Appendix for additional references and guidelines…*

Our Recommendation:

c. Go with 3% as it closely matches Z score of -2.

Reference: Pediatric Nutrition handbook By AAP, 5th edition , page 443-445



Summary

- Physicians are the best person to represent the disease burden of the patient.
- **Complete** & **Accurate** documentation is the key to **Quality** patient care and **Appropriate** reimbursement.

Document everything that the patient has and report what you document



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Frequently Asked Questions (FAQ)

1. **What happens if I over code?**

   You should always document what you do and report what you document.

2. **Will I received feedback on how well I am coding?**

   SCPMG Clinical Documentation and Audit Operations department will conduct on going audits for all physicians. Audit feedback reports will be provided to physicians on a monthly bases. 5-10 patients will be audited for each physician per month.

3. **How much is each risk score?**

   We do not have the actual amount for the HIX risk score. However, the higher the risk score usually means the higher the reimbursement.

4. **What's new and what are the changes to the current process?**

   There are no major changes to the current process. Just remember to document and report all diagnoses.

5. **Who do I call if I have any questions?**

   See Contact List.

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Contact

- SCAL Neonatology Training Team:
  - **David Braun, MD**

    Regional Physician Coordinator, Perinatal Services

    (818) 719-2928
  - **Mandhir Gupta, MD**

    Physician Coordinator, Downey Medical Center

    (562) 461-6230
  - **Terri Ma, RHIA**

    Practice Specialist, Clinical Documentation and Audit Operations

    (626) 381-4326

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Appendix



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Malnutrition

Helpful Hints:

1. Before any intervention make sure that the child is actually has failure to thrive, not "just small" Remember that 3-5 % of the healthy population, by definition, will be below the -2SD of the norm. (Your clues will be parental heights, proportionality, birth weight, gestational age, birth length and most importantly past trajectory.)

2. IUGR kids: if their birth length was normal expect "excellent" catch-up growth. They are actually at risk for future obesity. If birth length is also below the 5th percentile, they are likely to remain small.

3. One data point raises red flags. Diagnosis of FTT requires follow up (prospective or retrospective) over time.

4. A good start as a f/u interval is Qweek or Q2w weight-checks. You can gradually increase it as the child starts to catch up.

5. The requirements should be individualized as soon as possible. The guidelines are for populations. Remember the bell curve. There is a huge distance between two tails of it and what is appropriate for one half of the population is too much or too llittle for the other half.

SIS

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Malnutrition

Helpful Hints:

6. Your job in the clinic is not to teach "nutrition 101". The caregiver is not interested in learning what works for the average x-year-old. They are there, mostly because what works for the average child has not worked for this little one.

7. Remember: siblings are NOT controls. Do not rule out abuse or neglect just because other sibs are fine. It is typical for only one of the children to have FTT due to neglect.

8. Use the appropriate charts. Especially for special medical conditions and 1st generation immigrants. But, it is always better to use them together w/ the CDC charts.

9. As you all know, HISTORY is the most important part of the evaluation.

10. Was the pregnancy planned? It may be useful in uncovering attachment problems, but difficult to ask directly. I find it easier to ask "How long into the pregnancy did you find out that you were pregnant?" Mothers usually volunteer information if they did not want the child.

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Malnutrition

Helpful Hints:

11. Genetics referrals can be helpful, to adjust expectations and setting realistic goals, if nothing else.

12. There is no "FTT Battery" of labs. Send your CBC and CMP, but everything else should depend on indications.

13. Observe at least one feeding. There is a validated scale (NCAST) to score feeding interaction.

14. Collaborate w/ speech closely. Most of "preferences" or "dislikes" are based on oromotor problems (or sometimes intolerances)

15. The absolute threshold for referral is developmental delay. (By the way, developmental delay is a very unfortunate euphorism. The correct term should be "developmental loss")

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Malnutrition

Helpful Hints:

16. The minimal catch up growth is around 10 gms/day. 15 gm/day is a realistic expectation. Be happy w/ 20 gm/day. Celebrate at 30 gm/day.

17. the nutrition support sequence is : 3 meals+2 snacks → supplements → tube feeding → TPN Tube feeding is either NG, NJ or G-tube. There is no reason under the sun to feed a child with a NG tube for more than 4-6 weeks.

18. FTT etiologies can be divided into three groups: Organic, inorganic and mixed. "Mixed" constitutes 99.9% of the total, making the grouping absolutely meaningless.

19. "psychosocial etiology" and "environmental reasons" do NOT imply neglect – no matter how much DCFS workers wish that they do.

20. Make sure that the family has the resources and the skills to follow recommendations and confirm who the caregiver is before going ahead with interventions.

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Malnutrition

Helpful Hints:

21. Make sure all eligible patients sign up w/ WIC, Food Stamps.

22. Think twice before giving waiver letters to mothers for FTT. Rare, but very unfortunately, there are some cases where these letters cause a conflict of interest.

23. If in doubt and wish to discuss FTT cases, call me anytime.

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Malnutrition

CLASSIFICATION OF MALNUTRITION IN CHILDREN :

	Mild Malnutrition	Moderate Malnutrition	Severe Malnutrition
Percent Ideal Body Weight	80-90%	70-79%	< 70%
Percent of Usual Body Weight	90-95%	80-89%	< 80%
Albumin (g/dL)	2.8-3.4	2.1-2.7	< 2.1
Transferrin (mg/dL)	150 - 200	100 - 149	< 100
Total Lymphocyte Count (per µL)	1200 - 2000	800 - 1199	< 800

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Malnutrition

CLASSIFICATION OF MALNUTRITION IN CHILDREN :

Gomez Classification: The child's weight is compared to that of a normal child (50th percentile) of the same age. It is useful for population screening and public health evaluations.

percent of reference weight for age = ((patient weight) / (weight of normal child of same age)) * 100

percent of reference weight for age	Interpretation
90 - 110%	normal
75 - 89%	Grade I: mild malnutrition
60 - 74%	Grade II: moderate malnutrition
< 60%	Grade III: severe malnutrition

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Malnutrition

CLASSIFICATION OF MALNUTRITION IN CHILDREN :

Wellcome Classification: evaluates the child for edema and with the Gomez classification system.

Weight for Age (Gomez)	With Edema	Without Edema
60-80%	kwashiorkor	undernutrition
< 60%	marasmic-kwashiorkor	marasmus

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Malnutrition

CLASSIFICATION OF MALNUTRITION IN CHILDREN :

Waterlow Classification: Chronic malnutrition results in stunting. Malnutrition also affects the child's body proportions eventually resulting in body wastage.

percent weight for height = ((weight of patient) / (weight of a normal child of the same height)) * 100percent height for age = ((height of patient) / (height of a normal child of the same age)) * 100

	Weight for Height (wasting)	Height for Age (stunting)
Normal	> 90	> 95
Mild	80 - 90	90 - 95
Moderate	70 - 80	85 - 90
Severe	< 70	< 85

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Malnutrition

CLASSIFICATION OF MALNUTRITION IN CHILDREN :

Serum Albumin: considered to be the single best nutritional test to predict patient outcome. breakpoint for clinically relevant malnutrition: ranges from 3.0 to 3.5 g/dL

Level of Malnutrition	Albumin g/dL
normal	3.5 - 4.8
mild	2.8 - 3.4
moderate	2.1 - 2.7
severe	< 2.1

Instant Nutritional Assessment: uses measurements of serum albumin and total lymphocyte counts at admission to evaluate the patient's nutritional status.

Serum Albumin	Total Lymphocyte Count	Complications	Death
>= 3.5 g/dL	>= 1500 per µL	3.0%	0.9%
>= 3.5 g/dL	< 1500 per µL	7.5%	2.2%
< 3.5 g/dL	>= 1500 per µL	23.8%	0%
< 3.5 g/dL	< 1500 per µL	11.8%	17.6%

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Malnutrition

CLASSIFICATION OF MALNUTRITION IN CHILDREN :

Nutritional Needs: A simple rules of thumb: typical formula and breast milk are 20 kcal/oz

Group	Particulars	Body WtKg	Net energy kcal/d	Protein g/d	Fat g/d	Calcium mg/d	Iron mg/d	Vit.A. µpg/d retinol	Vit.A. pg/d ß-carotene
Infants	0-6 months	5.4	108/kg	2.05/kg		500			
	6-12 months	8.6	98/kg	1.65/kg				350	1200
Children	1-3 years	12.2	1240	22	25	400	12	400	1600
	4-6years	19.0	1690	30	25	400	18	400	
	7-9 years	26.9	1950	41	25	400	26	600	2400
Boys	10-12 years	35.4	2190	54	22	600	34	600	2400
Girls	10-12 years	31.5	1970	57			19		

Up to 5 years of age begin with a base of 1,000 calories and add 100 calories for each year. (e.g. a **1 year-old** would need approximately **1000 + 100 calories= 1100 calories/day, a 2 year-old** would need **1000 + 200 calories= 1200 calories/day**.)

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EXHIBIT 25

Northern California HCC Risk Scores Trends by HCC (Part C - 2014 Model)

As of May 21, 2016 extract

Select Region: Northern California

82 - Respirator Dependence/Tracheostomy Statu

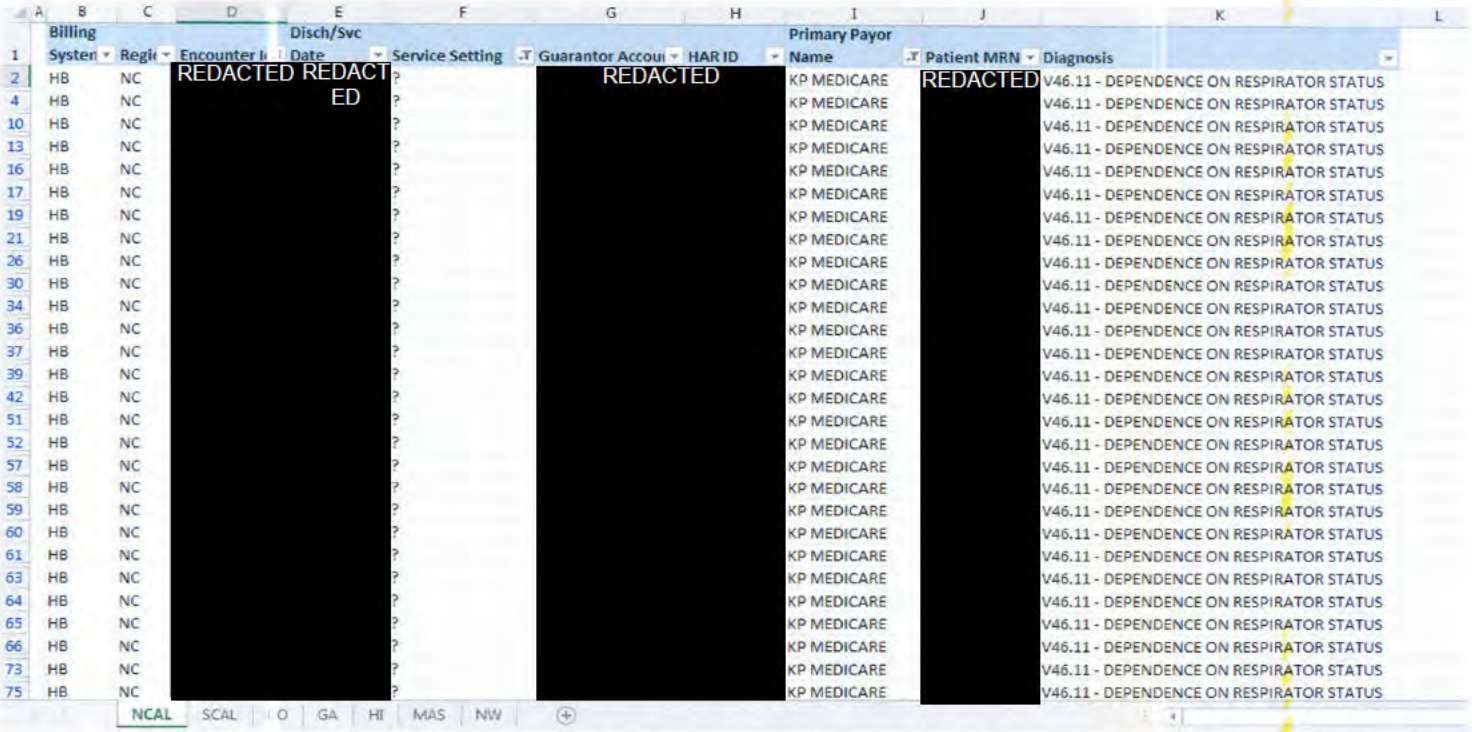
Coefficient
1.520

Measurement	CY 2014	CY 2015	YTD 2015-04	YTD 2016-04	YOY YTD Increase	% of YOY YTD Increase
Continous KP MA Member	442,242	467,350	490,046	513,401	23,355	4.8%
HCC Annual Revenue Weight	12,204	12,073	12,073	12,073	0	0.0%
Count	1,276	1,380	1,147	1,189	42	3.7%
Rates per 10K	28.9	29.5	23.4	23.2	0	-1.1%
Risk Score Contribution	0.004	0.004	0.004	0.004	0.000	-1.1%
Estimate Revenue Contribution (in 000's)	15,573	16,661	13,848	14,355	507	3.7%

NCAL Freq/count of HCC 82 = 1380, with $12,073 estimated $ value for yr; 1380 X12,073 annual value =$16,661,000.

HCC 82 includes Vent Dependence Status ICD-10-CM code

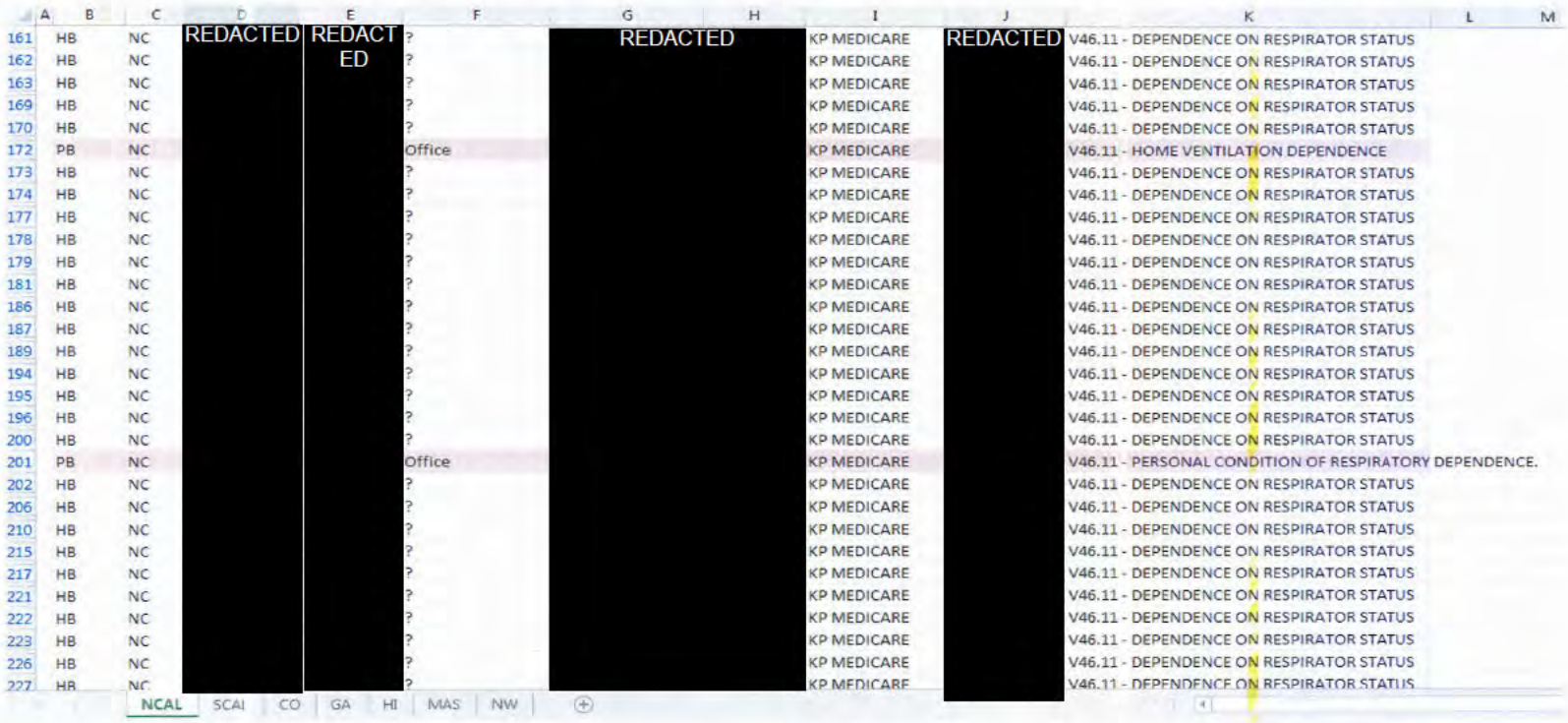
Notes | Rates and Weight | Data_Period | By HCC | Across_Region



	Billing Syster	Regi	Encounter I	Disch/Svc Date	Service Setting	Guarantor Accou	HAR ID	Primary Payor Name	Patient MRN	Diagnosis
2	HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	REDACTED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS
4	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
10	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
13	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
16	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
17	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
19	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
21	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
26	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
30	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
34	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
36	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
37	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
39	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
42	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
51	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
52	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
57	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
58	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
59	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
60	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
61	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
63	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
64	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
65	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
66	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
73	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
75	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS

NCAL | SCAL | O | GA | HI | MAS | NW

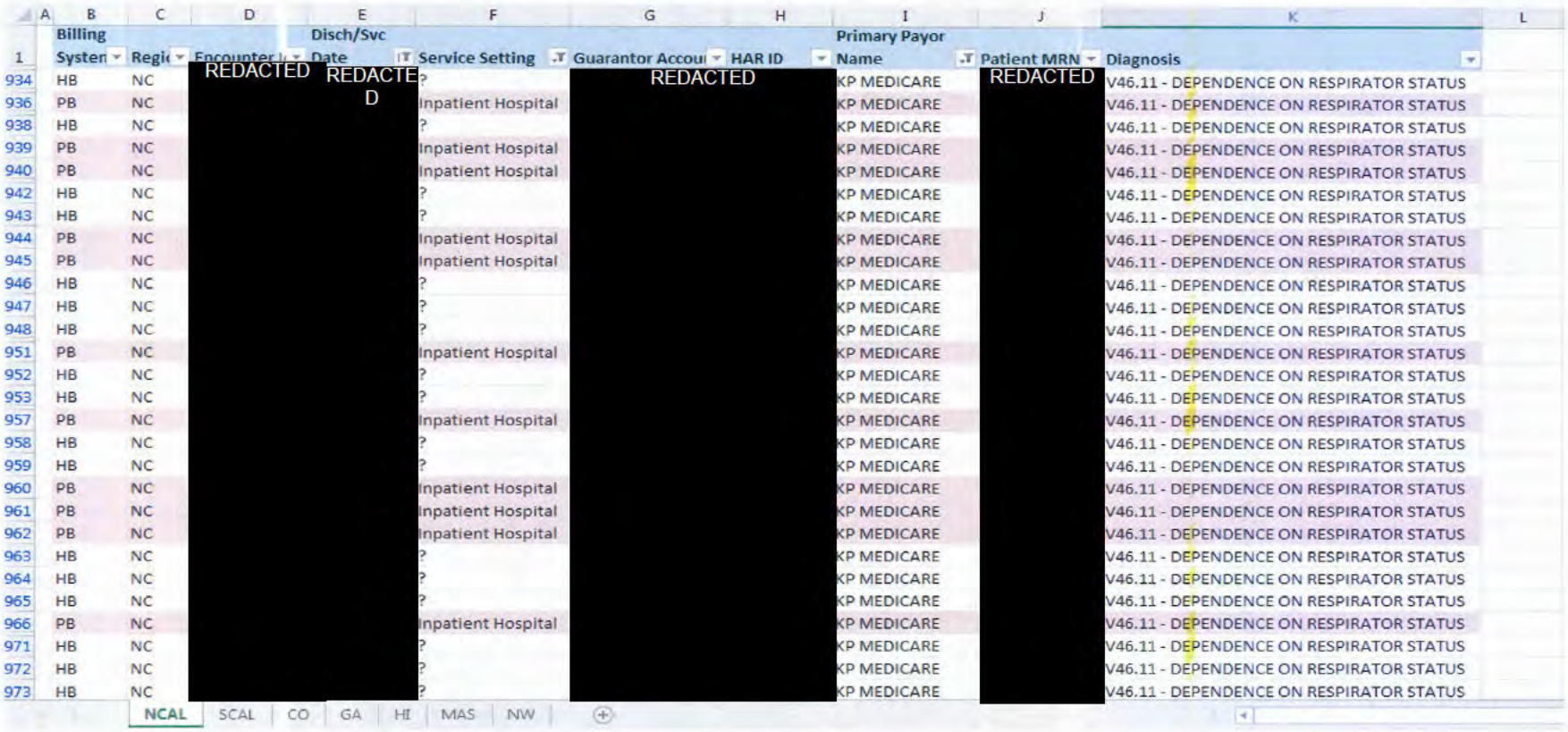
Data report on the Frequency of Vent Status Codes in all setting and in all regions (see tabs). Sorted by Payer: only KP Medicare (MA) or Sr Adv.; Billing System identifies Hosp based encounter (HB) or ProFee/Physician based encounter (PB). Encounter ID is the account # and Guarantor Acct is __ and HAR ID _____and Pat MRN is the Med Record #.



	A	B	C	D	E	F	G	H	I	J	K	L	M
161		HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	REDACTED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
162		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
163		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
169		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
170		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
172		PB	NC			Office			KP MEDICARE		V46.11 - HOME VENTILATION DEPENDENCE		
173		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
174		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
177		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
178		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
179		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
181		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
186		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
187		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
189		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
194		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
195		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
196		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
200		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
201		PB	NC			Office			KP MEDICARE		V46.11 - PERSONAL CONDITION OF RESPIRATORY DEPENDENCE.		
202		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
206		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
210		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
215		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
217		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
221		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
222		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
223		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
226		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
227		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		

NCAL | SCAL | CO | GA | HI | MAS | NW

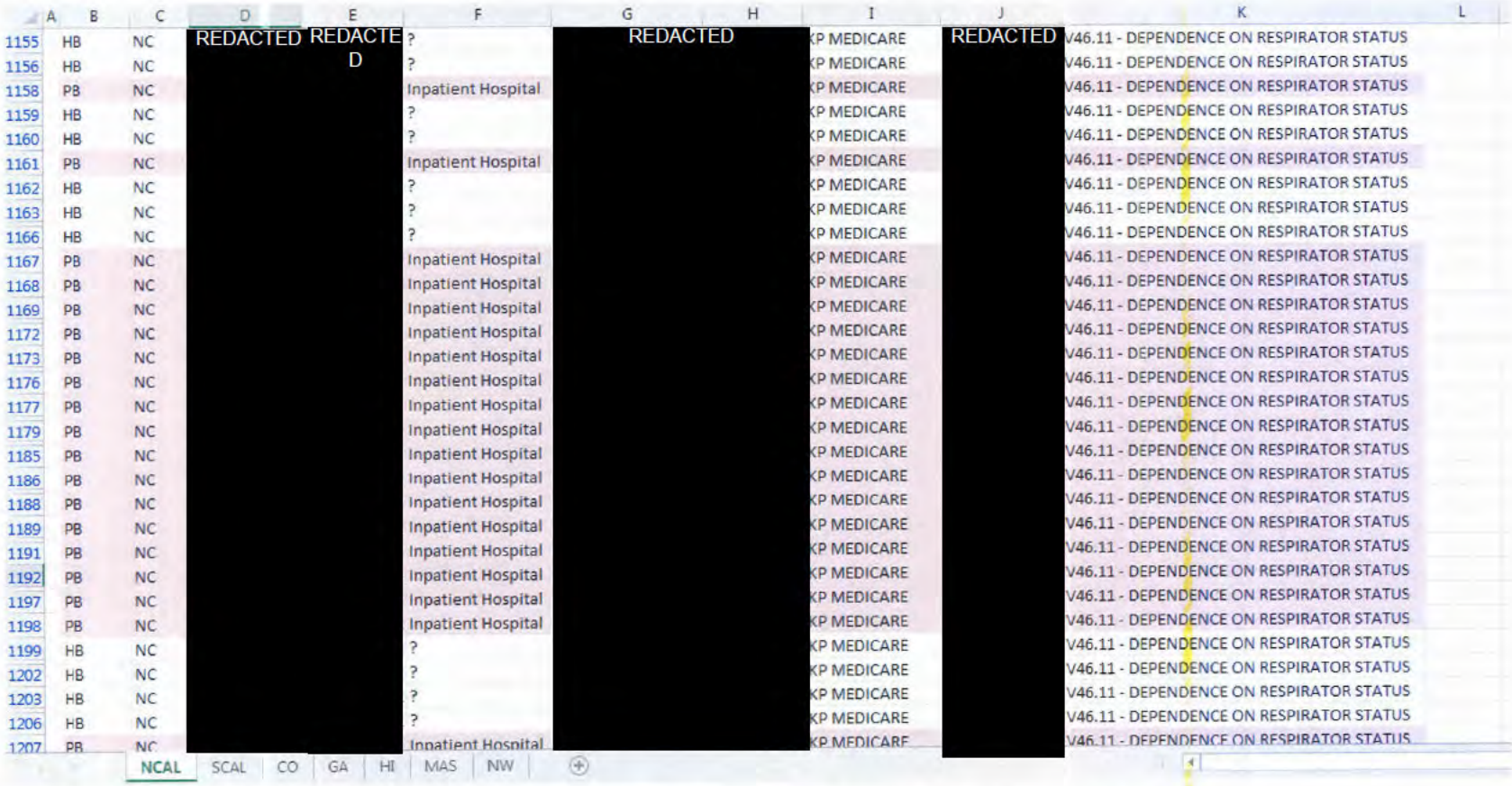
Identified PB and hi-lighted in light purple color. For NCAL only four PB encounters coding of Vent in year 2010 and only nine in 2011… but…



	B	C	D	E	F	G	H	I	J	K	L
1	Billing Systen	Regi	Encounter	Disch/Svc Date	Service Setting	Guarantor Accou	HAR ID	Primary Payor Name	Patient MRN	Diagnosis	
934	HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	REDACTED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
936	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
938	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
939	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
940	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
942	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
943	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
944	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
945	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
946	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
947	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
948	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
951	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
952	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
953	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
957	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
958	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
959	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
960	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
961	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
962	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
963	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
964	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
965	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
966	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
971	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
972	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
973	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	

NCAL | SCAL | CO | GA | HI | MAS | NW

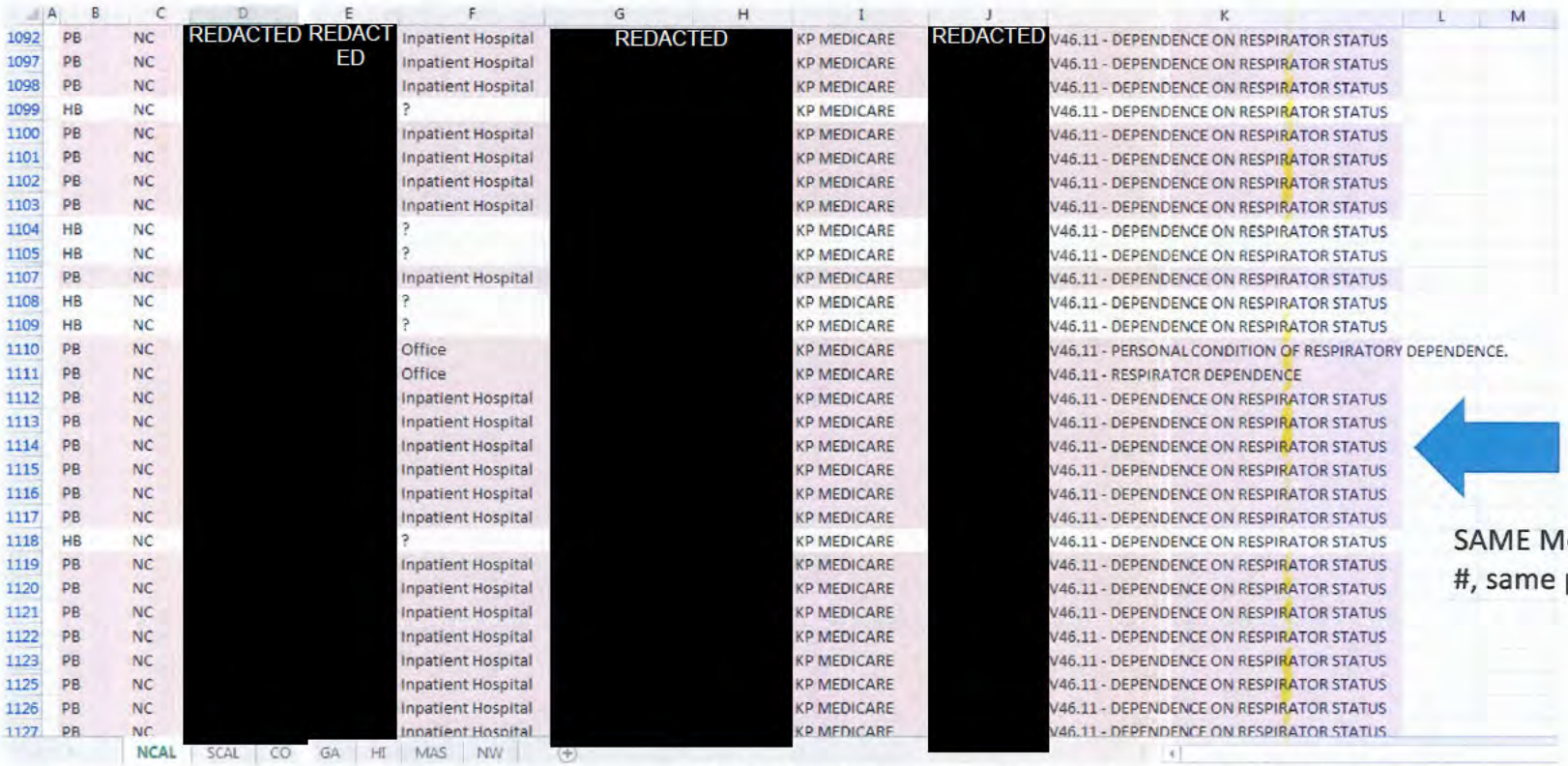
In 2012 the PB setting began to assign (pick the Dx) of vent dependence status more frequently. Some of the Dx were selected for a physician inpatient visit (bedside). The HB Dx is at the time of discharge.



	A	B	C	D	E	F	G	H	I	J	K	L
1155		HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	REDACTED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1156		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1158		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1159		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1160		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1161		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1162		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1163		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1166		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1167		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1168		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1169		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1172		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1173		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1176		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1177		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1179		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1185		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1186		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1188		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1189		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1191		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1192		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1197		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1198		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1199		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1202		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1203		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1206		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
1207		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	

NCAL | SCAL | CO | GA | HI | MAS | NW

Here you see the inpatient hospital encounter with PB coding of vent dependence status. But….



	A	B	C	D	E	F	G	H	I	J	K	L	M
1092		PB	NC	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	REDACTED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1097		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1098		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1099		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1100		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1101		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1102		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1103		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1104		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1105		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1107		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1108		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1109		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1110		PB	NC			Office			KP MEDICARE		V46.11 - PERSONAL CONDITION OF RESPIRATORY DEPENDENCE.		
1111		PB	NC			Office			KP MEDICARE		V46.11 - RESPIRATOR DEPENDENCE		
1112		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1113		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1114		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1115		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1116		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1117		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1118		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1119		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1120		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1121		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1122		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1123		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1125		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1126		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		
1127		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS		

NCAL | SCAL | CO | GA | HI | MAS | NW

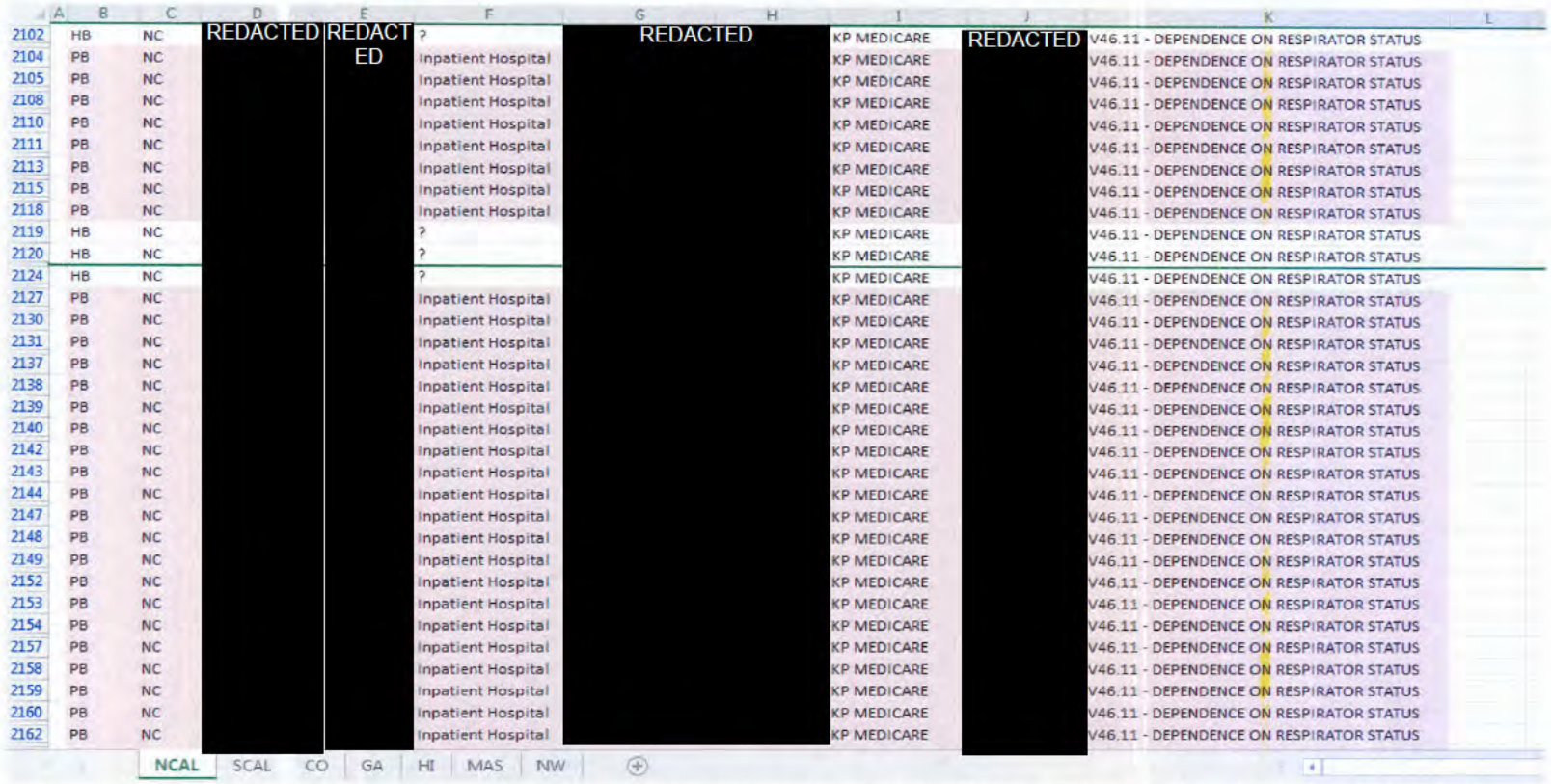
SAME Med Rec #, same patient

Here you see in yellow the PB hospital encounters all with the Vent Dependence status code assigned BUT the HB has not assigned that code. 2012 Regions were discussing the capture of vent status code, esp NCAL and SCAL. HIM Coding provided guidance and directions but Med Groups and Regions continued to pressure and push to capture this code.

	Billing System	Regi	Encounter I	Disch/Svc Date	Service Setting	Guarantor Accou	HAR ID	Primary Payor Name	Patient MRN	Diagnosis
2100	HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	REDACTED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2102	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2104	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2105	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2108	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2110	PB	NC			Office			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2111	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2113	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2115	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2118	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2119	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2120	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2122	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2125	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2128	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2131	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2132	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2138	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2139	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2140	PB	NC			Office			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2141	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2143	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2144	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2145	HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2148	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2149	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2150	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS
2153	PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS

NCAL | SCAL | CO | GA | HI | MAS | NW

Here you see the Hospital assigning the Vent status code and also assigned by the PB side on the same day.



	A	B	C	D	E	F	G	H	I	J	K	L
2102		HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	REDACTED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2104		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2105		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2108		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2110		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2111		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2113		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2115		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2118		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2119		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2120		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2124		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2127		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2130		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2131		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2137		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2138		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2139		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2140		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2142		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2143		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2144		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2147		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2148		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2149		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2152		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2153		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2154		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2157		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2158		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2159		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2160		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2162		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	

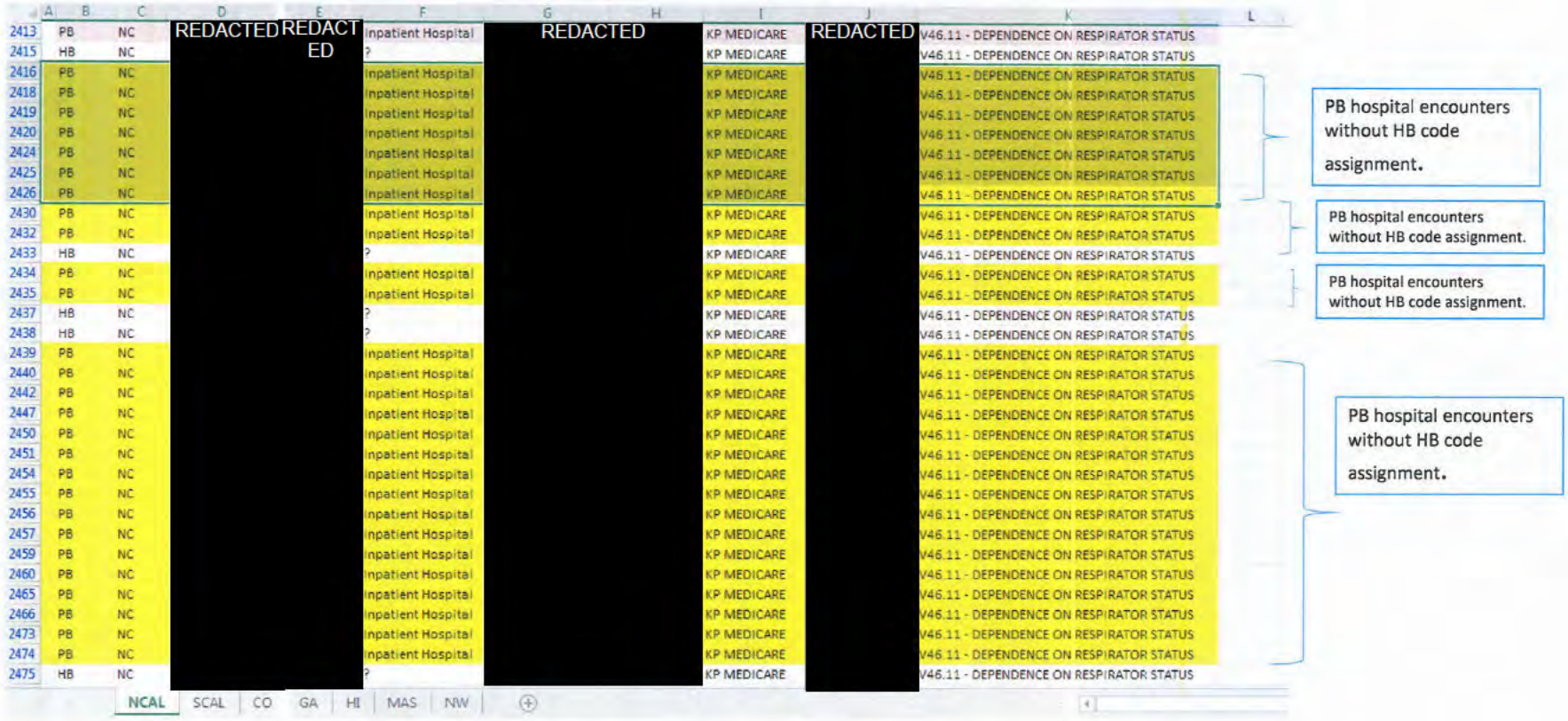
NCAL SCAL CO GA HI MAS NW

Notice the PB encounters in a series for the same patient, same hospitalization, several days in a row. What is notworthy is there isn't a HB code assignment for the patient (MRN) – which leads you to believe that the patient did NOT leave the hospital on a vent. Which would result in the Vent dependence status code being assigned.

	A	B	C	D	E	F	G	H	I	J	K	L
2147		PB	NC	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	REDACTED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2148		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2149		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2152		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2153		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2154		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2157		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2158		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2159		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2160		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2162		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2166		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2167		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2169		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2173		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2174		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2175		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2177		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2179		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2181		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2182		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2186		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2188		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2189		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2191		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2193		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2194		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2195		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2197		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2198		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2199		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2200		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2201		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	

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Two patients in the hospital and there is NO HB coding of Vent Dependance status, only PB.



	A	B	C	D	E	F	G	H	I	J	K	L
2413		PB	NC	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	REDACTED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2415		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2416		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2418		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2419		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2420		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2424		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2425		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2426		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2430		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2432		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2433		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2434		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2435		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2437		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2438		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2439		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2440		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2442		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2447		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2450		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2451		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2454		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2455		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2456		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2457		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2459		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2460		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2465		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2466		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2473		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2474		PB	NC			Inpatient Hospital			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	
2475		HB	NC			?			KP MEDICARE		V46.11 - DEPENDENCE ON RESPIRATOR STATUS	

NCAL | SCAL | CO | GA | HI | MAS | NW

PB hospital encounters without HB code assignment.

PB hospital encounters without HB code assignment.

PB hospital encounters without HB code assignment.

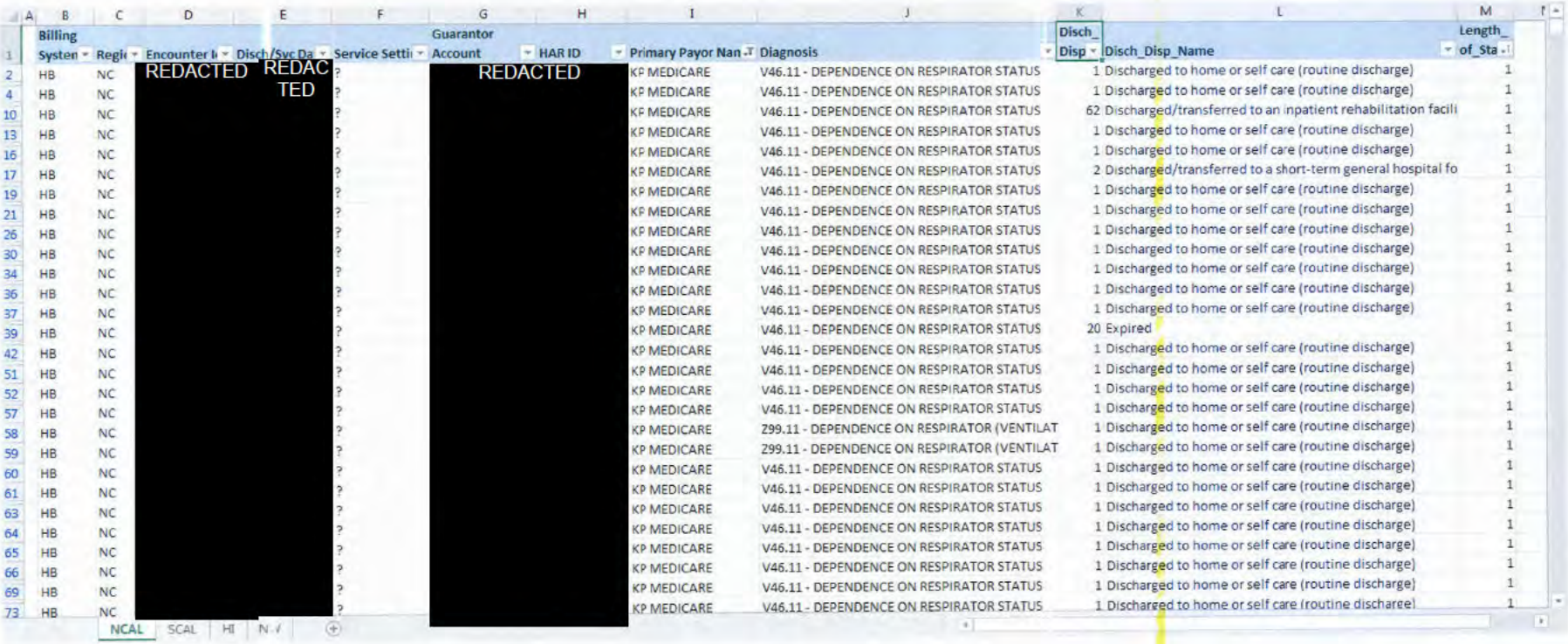
PB hospital encounters without HB code assignment.

These appear to be Physician assigned codes (Epic Dx Pick List), no HB code assignment from coding staff. Most likely Dx code selection and HCC errors.

	Billing Systen	Regi	Encounter I	Disch/Svc Da	Service Setti	Guarantor Account	HAR ID	Primary Payor Nan	Diagnosis	Disch_ Disp	Disch_Disp_Name	Length_ of_Sta
2	HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	5
3	HB	NC			?			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	24
4	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
5	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	3
6	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	6
7	HB	NC			?			MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	9
8	HB	NC			?			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	10
9	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
10	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organize	28
11	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facili	52
12	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organize	15
13	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) wi	50
14	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	4
15	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organize	66
16	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) wi	26
17	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) wi	26
18	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
19	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) wi	109
20	HB	NC			Skilled Nursing			MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	591
21	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64	Discharged/transferred to a nursing facility certified under	67
22	HB	NC			?			MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	6
23	HB	NC			?			MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital fo	83
24	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) wi	35
25	HB	NC			?			KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	708
26	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	6
27	HB	NC			?			MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	62
28	HB	NC			?			LIBERTY MUTUAL INSU	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) wi	10
29	HB	NC			?			LIBERTY MUTUAL INSU	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) wi	10

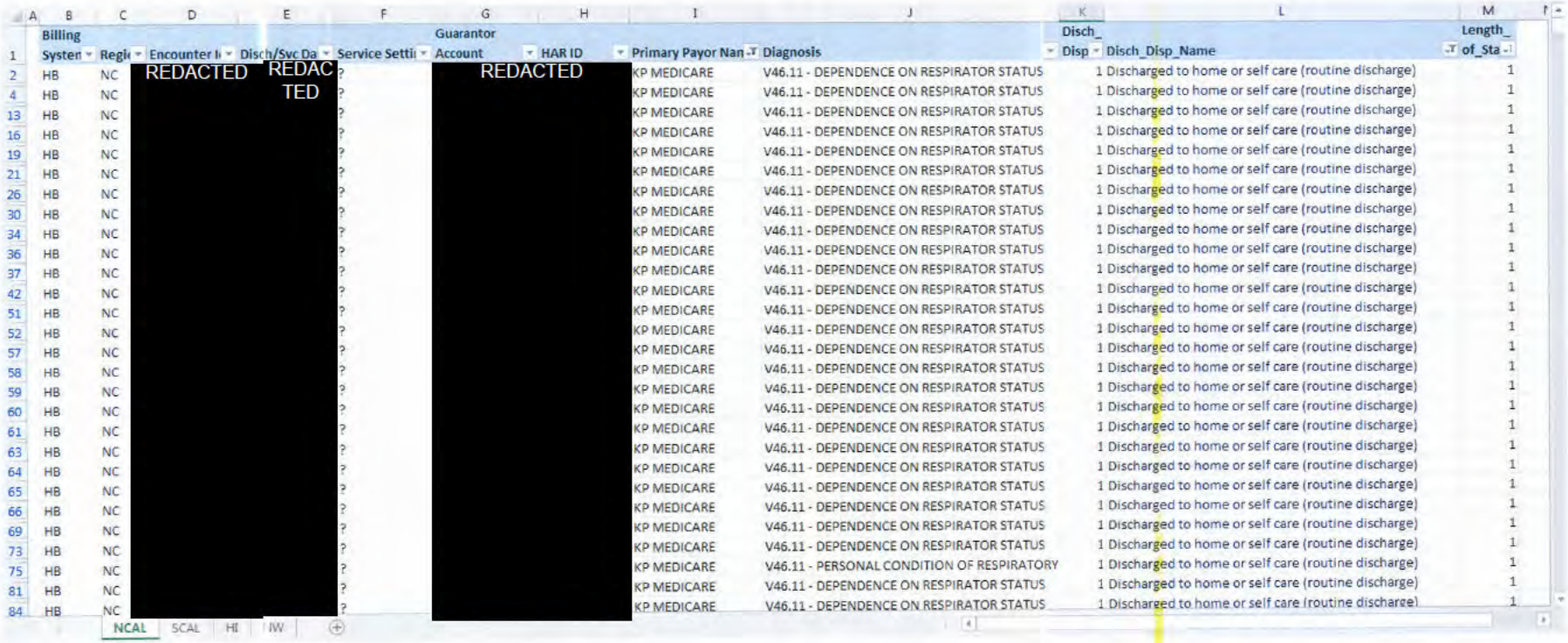
NCAL SCAL HI NW

This NCAL Hospital encounters (4 Hospital Regions) ONLY report sort shows the Length of Stay (LOS) and Discharge Disposition (where the patient was sent after discharge from the acute care hospital). Those going to Home after discharge are suspect. Those with LOS below 6 days are also suspect. Per MD Pulm expert(Dr Wm Haik), even going to Home Health with vent would be unusual. Continued to next slide…



	A	B	C	D	E	F	G	H	I	J	K	L	M
1		Billing Systen	Regi	Encounter I	Disch/Svc Da	Service Setti	Guarantor Account	HAR ID	Primary Payor Nan	Diagnosis	Disch_ Disp	Disch_Disp_Name	Length_ of_Sta
2		HB	NC	REDACTED	REDAC TED	?	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
4		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
10		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facili	1
13		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
16		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
17		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital fo	1
19		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
21		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
26		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
30		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
34		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
36		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
37		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
39		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	1
42		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
51		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
52		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
57		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
58		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
59		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
60		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
61		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
63		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
64		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
65		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
66		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
69		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
73		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1

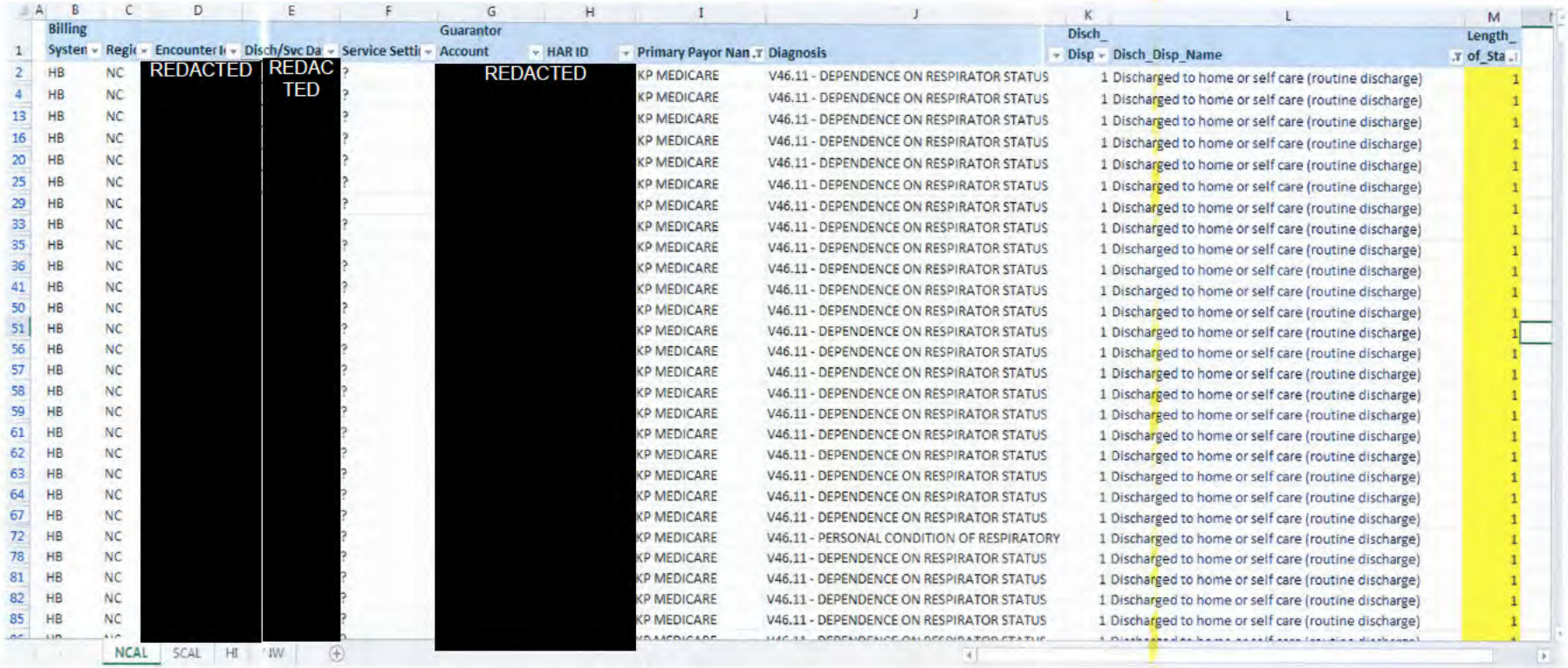
NCAL sorted payer of KP Medicare or Medicare Adv; Sorted by MRN is smallest to largest number; sorted by LOS (days with smallest days to largest /longest).



	A	B	C	D	E	F	G	H	I	J	K	L	M
1		Billing Systen	Regi	Encounter I	Disch/Svc Da	Service Setti	Guarantor Account	HAR ID	Primary Payor Nan	Diagnosis	Disch_ Disp	Disch_Disp_Name	Length_ of_Sta
2		HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
4		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
13		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
16		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
19		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
21		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
26		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
30		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
34		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
36		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
37		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
42		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
51		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
52		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
57		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
58		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
59		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
60		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
61		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
63		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
64		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
65		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
66		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
69		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
73		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
75		HB	NC			?			KP MEDICARE	V46.11 - PERSONAL CONDITION OF RESPIRATORY	1	Discharged to home or self care (routine discharge)	1
81		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
84		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1

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Additional "Sort" on Disch Disposition to Home (1) and to Home Health (6) and "Sort" of the Disch/Date, starting with 2010 going down to 2016..



	Billing System	Regi	Encounter I	Disch/Svc Da	Service Setti	Guarantor Account	HAR ID	Primary Payor Nan	Diagnosis	Disch_ Disp	Disch_Disp_Name	Length_ of_Sta
2	HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
4	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
13	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
16	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
20	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
25	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
29	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
33	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
35	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
36	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
41	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
50	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
51	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
56	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
57	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
58	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
59	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
61	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
62	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
63	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
64	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
67	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
72	HB	NC			?			KP MEDICARE	V46.11 - PERSONAL CONDITION OF RESPIRATORY	1	Discharged to home or self care (routine discharge)	1
78	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
81	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
82	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
85	HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1

NCAL SCAL HI NW

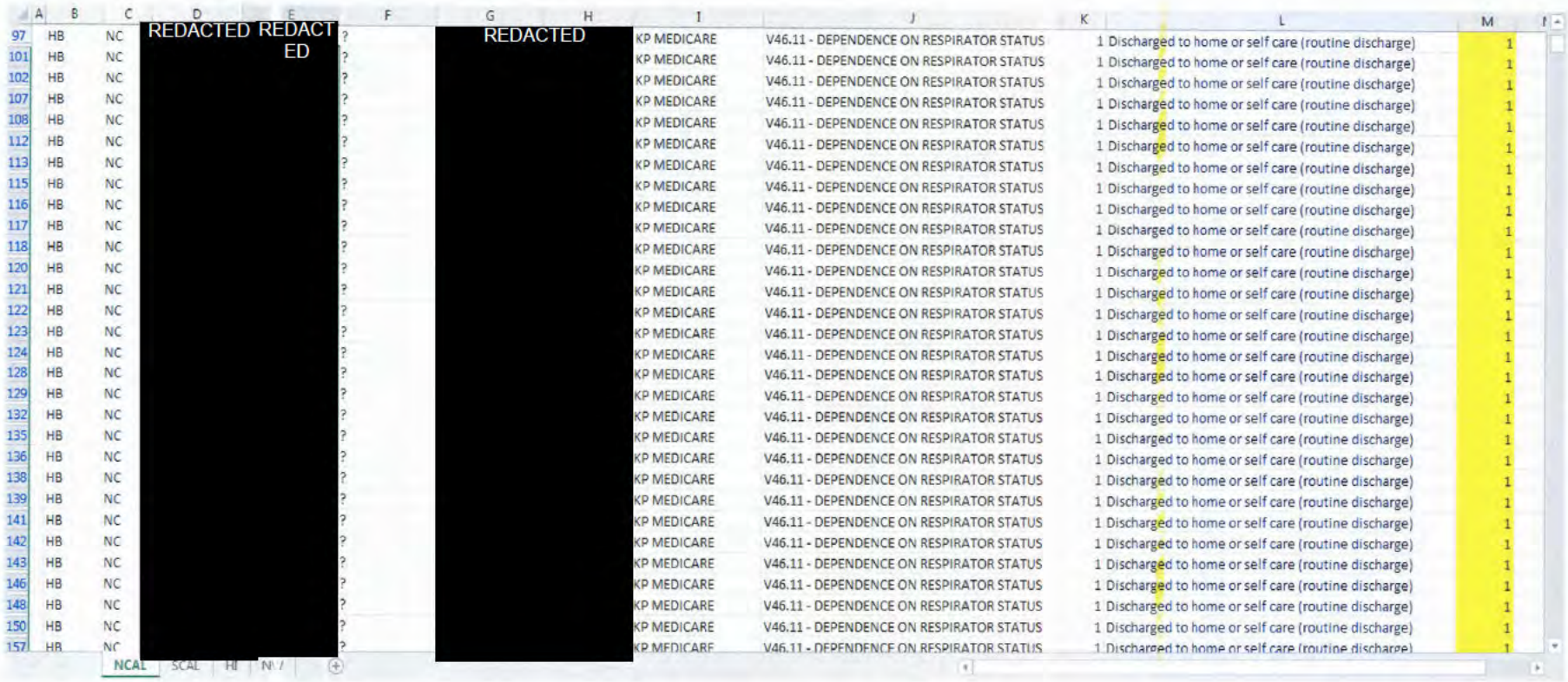
2010 NCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 7

2011 NCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 12

	A	B	C	D	E	F	G	H	I	J	K	L	M
61		HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
62		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
63		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
64		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
67		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
72		HB	NC			?			KP MEDICARE	V46.11 - PERSONAL CONDITION OF RESPIRATORY		1 Discharged to home or self care (routine discharge)	1
78		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
81		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
82		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
85		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
86		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
87		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
88		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
89		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
90		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
91		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
92		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
93		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
94		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
96		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
97		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
101		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
102		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
107		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
108		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
112		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
113		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
115		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
116		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
117		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1

NCAL SCAL HI NW

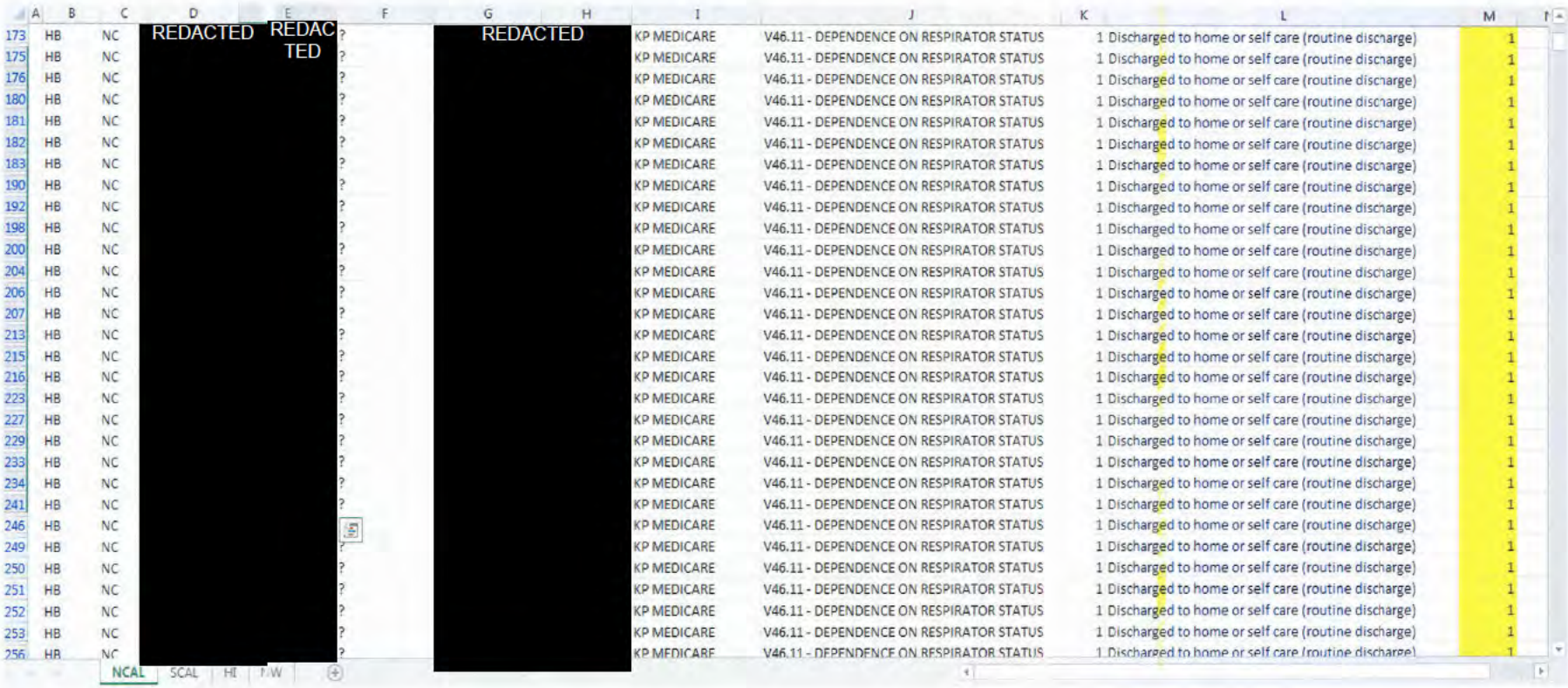
2012 NCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 20



	A	B	C	D	E	F	G	H	I	J	K	L	M
97		HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
101		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
102		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
107		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
108		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
112		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
113		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
115		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
116		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
117		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
118		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
120		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
121		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
122		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
123		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
124		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
128		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
129		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
132		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
135		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
136		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
138		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
139		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
141		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
142		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
143		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
146		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
148		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
150		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
157		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1

NCAL SCAL HI NV

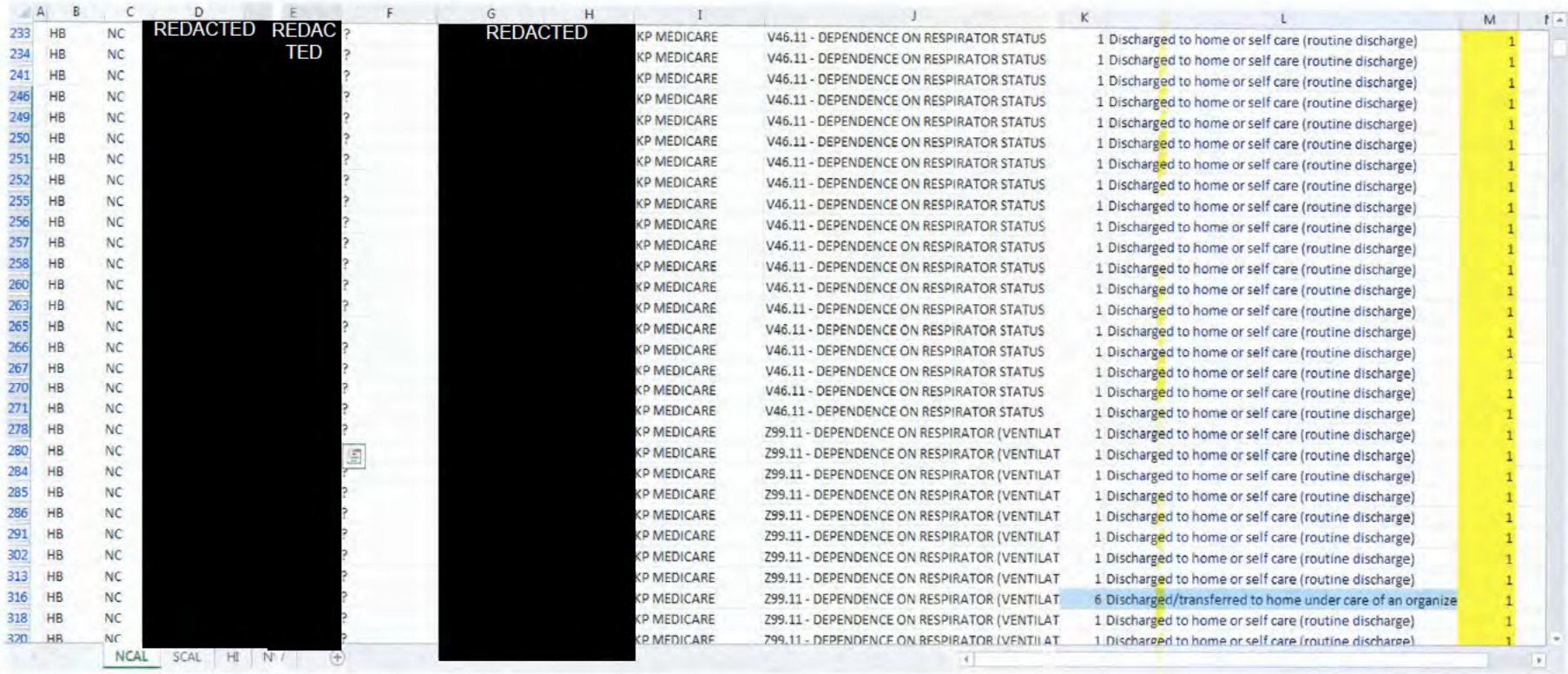
2013 NCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 38



	A	B	C	D	E	F	G	H	I	J	K	L	M
173		HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
175		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
176		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
180		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
181		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
182		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
183		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
190		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
192		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
198		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
200		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
204		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
206		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
207		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
213		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
215		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
216		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
223		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
227		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
229		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
233		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
234		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
241		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
246		HB	NC						KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
249		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
250		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
251		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
252		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
253		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1
256		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1

NCAL SCAL HI PNW

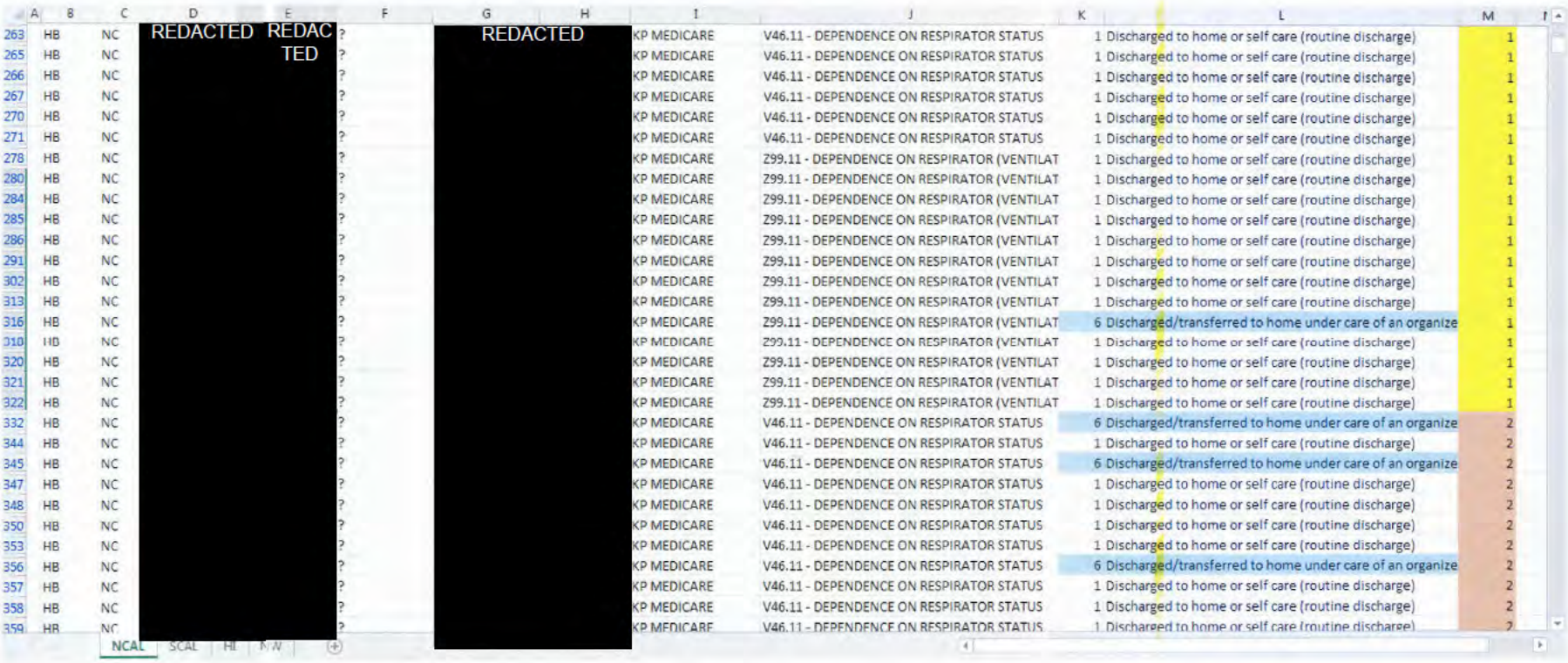
2014 NCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 22



	A	B	C	D	E	F	G	H	I	J	K	L	M
233		HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
234		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
241		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
246		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
249		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
250		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
251		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
252		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
255		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
256		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
257		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
258		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
260		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
263		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
265		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
266		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
267		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
270		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
271		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
278		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
280		HB	NC						KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
284		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
285		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
286		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
291		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
302		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
313		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
316		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	6	Discharged/transferred to home under care of an organize	1
318		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1
320		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1

NCAL SCAL HI

2015 NCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 17



	A	B	C	D	E	F	G	H	I	J	K	L	M	N
263		HB	NC	REDACTED	REDACTED	?	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
265		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
266		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
267		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
270		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
271		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
278		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
280		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
284		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
285		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
286		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
291		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
302		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
313		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
316		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	6	Discharged/transferred to home under care of an organize	1	
318		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
320		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
321		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
322		HB	NC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT	1	Discharged to home or self care (routine discharge)	1	
332		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organize	2	
344		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2	
345		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organize	2	
347		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2	
348		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2	
350		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2	
353		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2	
356		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organize	2	
357		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2	
358		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2	
359		HB	NC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2	

NCAL SCAL HI NW

2016 NCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 12

Southern California HCC Risk Scores Trends by HCC (Part C - 2014 Model)

As of May 21, 2016 extract

Select Region: Southern California

82 - Respirator Dependence/Tracheostomy Statu

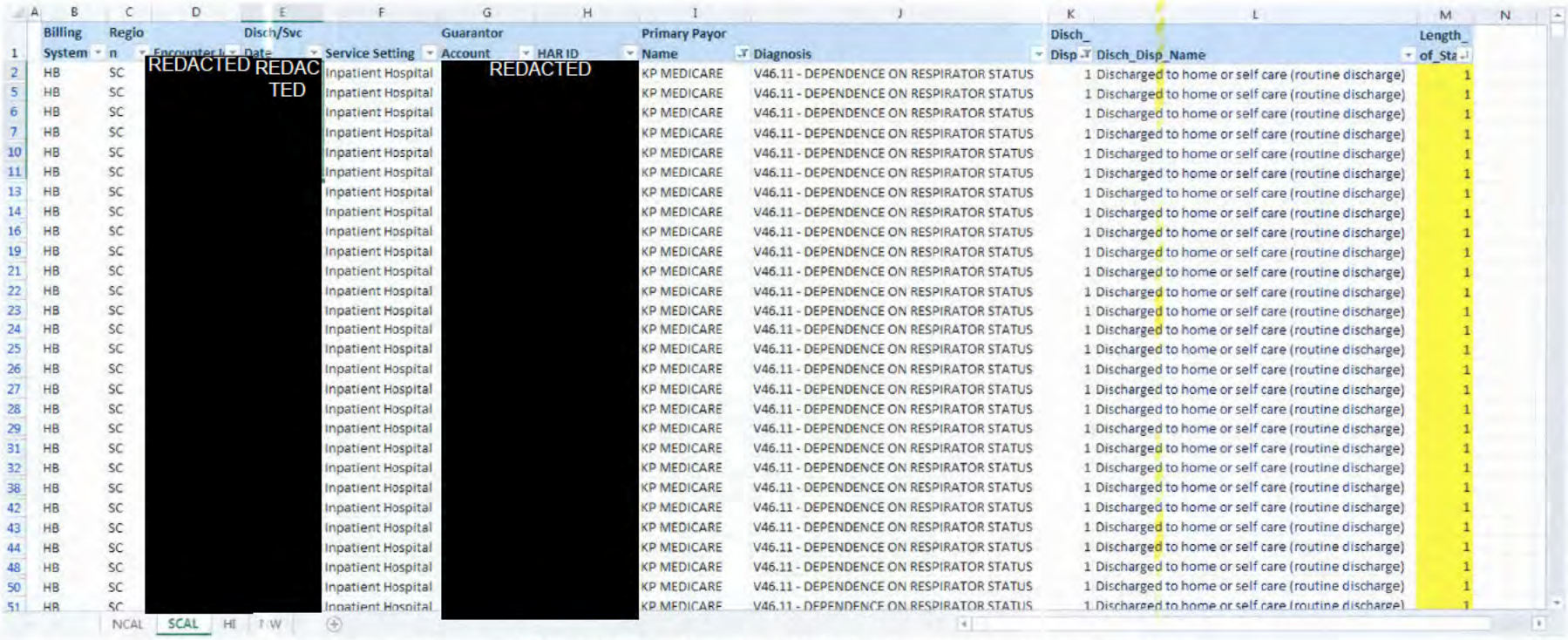
Coefficient: 1.520

Measurement	CY 2014	CY 2015	YTD 2015-04	YTD 2016-04	YOY YTD Increase	% of YOY YTD Increase
Continous KP MA Member	436,576	468,084	488,246	514,104	25,858	5.3%
HCC Annual Revenue Weight	10.847	11.244	11.244	11.244	0	0.0%
Count	1,062	1,171	1,031	1,133	102	9.9%
Rates per 10K	24.3	25.0	21.1	22.0	1	4.4%
Risk Score Contribution	0.004	0.004	0.003	0.003	0.000	4.4%
Estimate Revenue Contribution (in 000's)	11,519	13,167	11,593	12,740	1,147	9.9%

Notes | Rates and Weight | Data Period | By HCC | Across_Region

NCAL Freq/count of HCC 82 = 1171, with $11244 estimated $ value for yr; 1171 X 11,244 annual value =$13,167,000.

HCC 82 includes Vent Dependence Status ICD-10-CM code



	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1		Billing System	Regio n	Encounter I	Disch/Svc Date	Service Setting	Guarantor Account	HAR ID	Primary Payor Name	Diagnosis	Disch_ Disp	Disch_Disp_Name	Length_ of_Sta	
2		HB	SC	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
5		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
6		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
7		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
10		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
11		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
13		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
14		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
16		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
19		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
21		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
22		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
23		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
24		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
25		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
26		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
27		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
28		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
29		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
31		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
32		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
38		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
42		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
43		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
44		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
48		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
50		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
51		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	

NCAL SCAL HI TW

2010 SCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 5

2011 SCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 8

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1		Billing System	Regio n	Encounter I	Disch/Svc Date	Service Setting	Guarantor Account	HAR ID	Primary Payor Name	Diagnosis	Disch_ Disp	Disch_Disp_Name	Length_ of_Sta	
2		HB	SC	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
5		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
6		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
9		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
10		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
12		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
14		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
17		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
19		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
20		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
21		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
22		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
23		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
24		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
25		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
27		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
33		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
37		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
38		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
42		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
44		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
45		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
46		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
47		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
48		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
49		HB	SC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
50		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
51		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	

NCAL SCAL HI NV

2012 SCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 7

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
25		HB	SC	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
27		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
33		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
37		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
38		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
42		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
44		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
45		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
46		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
47		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
48		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
49		HB	SC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
50		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
51		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
52		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
53		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
54		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
59		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
60		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
61		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
62		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
67		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
69		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
70		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
73		HB	SC			Office			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
75		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
76		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
77		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
79		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
80		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	

NCAL | SCAL | HI | NW

2013 SCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 7

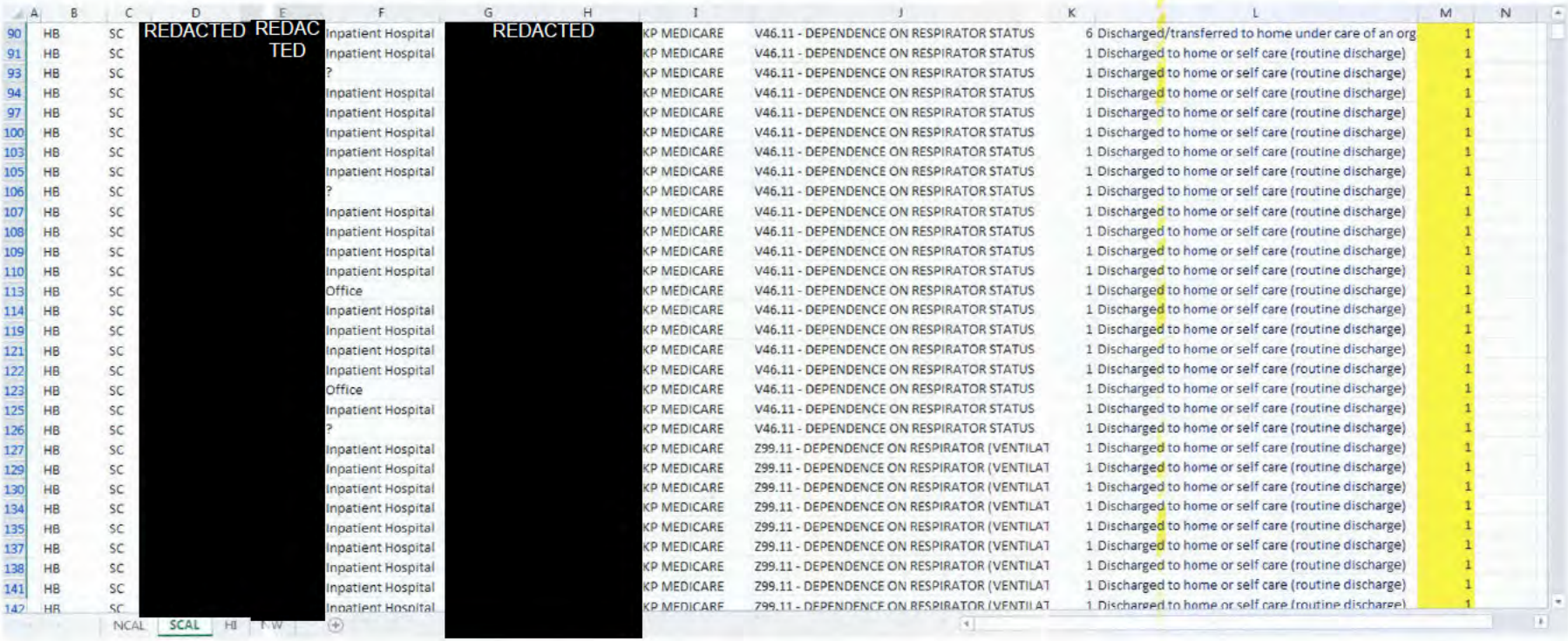
VH00198

REL0000304

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
45		HB	SC	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
46		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
47		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
48		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
49		HB	SC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
50		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
51		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
52		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
53		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
54		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
59		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
60		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
61		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
67		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
68		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
71		HB	SC			Office			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
73		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
74		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
75		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
77		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
82		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an org	1	
88		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
89		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
90		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an org	1	
91		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
93		HB	SC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
94		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
97		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
100		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	
101		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1	

NCAL SCAL HI NV

2014 SCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 16



	A	B	C	D	E	F	G	H	I	J	K	L	M	N
90		HB	SC	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		6 Discharged/transferred to home under care of an org	1	
91		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
93		HB	SC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
94		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
97		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
100		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
103		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
105		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
106		HB	SC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
107		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
108		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
109		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
110		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
113		HB	SC			Office			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
114		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
119		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
121		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
122		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
123		HB	SC			Office			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
125		HB	SC			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
126		HB	SC			?			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS		1 Discharged to home or self care (routine discharge)	1	
127		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
129		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
130		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
134		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
135		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
137		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
138		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
141		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
142		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	

NCAL SCAL HI NW

2015 SCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 29

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
142		HB	SC	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
143		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
144		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
147		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
151		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
153		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
154		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
155		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
161		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
164		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
170		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
172		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
173		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
176		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
177		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
178		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
179		HB	SC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
181		HB	SC			Office			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
182		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
185		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
186		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
187		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
188		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
189		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
192		HB	SC			?			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
193		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
194		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
197		HB	SC			Office			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
198		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	
202		HB	SC			Inpatient Hospital			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILAT		1 Discharged to home or self care (routine discharge)	1	

NCAL SCAL N 7

2016 SCAL Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 45

	Billing System	Regi	Encounter	Disch/Svc Da	Service Setting	Guarantor Account	HAR ID	Primary Payor Name	Diagnosis	Disch_ Disp	Disch_Disp_Name	Length_of _Stay
14	HB	HI	REDACTED	REDACTED	Inpatient Hospital	REDACTED		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	63
19	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	9
38	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organi:	31
41	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	7
45	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	15
49	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organi:	17
61	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organi:	15
71	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	83
72	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
91	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organi:	78
99	HB	HI			Inpatient Hospital			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	4

NCAL | SCAL | HI | NW

2010-2016 HI Region Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 1

	Billing System	Regi	Encounter I	Disch/Svc Da	Service Setting	Guarantor Accou	HAR ID	Primary Payor Name	Diagnosis	Disch _Dis	Disch_Disp_Name	Length_of _Stay
5	HB	NW	REDACTED	REDAC TED	Inpatient Hospital	REDACTED		SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
6	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
7	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
8	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
9	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
11	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
12	HB	NW			Inpatient Hospital			SR ADVNTG	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILA	1	Discharged to home or self care (routine discharge)	1
13	HB	NW			Inpatient Hospital			SR ADVNTG	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILA	1	Discharged to home or self care (routine discharge)	1
16	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
22	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
25	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
26	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
27	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
28	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
29	HB	NW			Inpatient Hospital			SR ADVNTG	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILA	1	Discharged to home or self care (routine discharge)	2
30	HB	NW			Inpatient Hospital			SR ADVNTG	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILA	1	Discharged to home or self care (routine discharge)	2
31	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	3
32	HB	NW			Inpatient Hospital			SR ADVNTG	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILA	1	Discharged to home or self care (routine discharge)	3
34	HB	NW			Inpatient Hospital			SR ADVNTG	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILA	1	Discharged to home or self care (routine discharge)	3
35	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organi	4
39	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organi	4
45	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organi	4
46	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organi	4
51	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organi	4
52	HB	NW			Inpatient Hospital			SR ADVNTG	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	4
63	HB	NW			Inpatient Hospital			SR ADVNTG	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILA	6	Discharged/transferred to home under care of an organi	4
64	HB	NW			Inpatient Hospital			SR ADVNTG	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILA	1	Discharged to home or self care (routine discharge)	4
69	HB	NW			Inpatient Hospital			SR ADVNTG	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILA	1	Discharged to home or self care (routine discharge)	4

NCAL SCAL HI NW

2010-2016 HI Region Vent LOS = 1 day and Disch Disp = Home or HH; Total encounters/cases = 8

VH00203

REL0000309

EXHIBIT 26

Billing System	Region	Encounter Id	Disch/Svc Date	Service Setting	Guarantor Account	HAR ID	Primary Payor Name	Diagnosis	Disch_Disp	Disch_Disp_Name	Length_of_Stay
HB	NC	REDACTED	REDACTED	?	REDACTED		?	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			?			?	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC			?			AETNA-COMMERCIAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	3
HB	NC			?			ATHENS ADMINISTRATORS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			?			BLUE CROSS MEDI-CAL	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	4
HB	NC			?			BLUE CROSS MEDI-CAL	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	4
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	5
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	5
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	5
HB	NC			?			BLUE CROSS MEDI-CAL	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	8
HB	NC			?			BLUE CROSS MEDI-CAL	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	8
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	19
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	32
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	33
HB	NC			?			BLUE CROSS MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	39
HB	NC			?			BLUE CROSS OF CA	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?			BLUE CROSS OF CA	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?			BLUE CROSS OF CA	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	11
HB	NC			?			BLUE CROSS OF CA	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	11
HB	NC			?			BLUE CROSS OF CA	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	13
HB	NC			?			BLUE CROSS OF CA	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	33
HB	NC			?			BLUE CROSS SENIOR	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	21
HB	NC			?			BLUE CROSS SENIOR	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	21
HB	NC			?			BLUE SHIELD OF CA	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	11
HB	NC			?			CALVIVA - MEDICAID	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	33
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			?			CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	2
HB	NC			?			CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	2
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	3
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	3
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	3
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	3
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	3
HB	NC			?			CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	3
HB	NC			?			CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	3
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	4
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	4
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	4
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	4
HB	NC			?			CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	4

HB	NC	REDACTED	REDACTED	REDACTED	CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	4
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	6
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	6
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	6
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	7
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	7
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	7
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	8
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home he	8
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	8
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	8
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	9
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	11
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	13
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	19
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	19
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	19
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	19
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	20
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	20
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	32
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	37
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	37
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	40
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	40
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	70 Discharge/transfer to another type of health care institution not defi	40
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	70 Discharge/transfer to another type of health care institution not defi	40
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	45
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	50
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	60
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	60
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	65
HB	NC				CCS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	70
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	92
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	119
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	130
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	132
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	143
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	5 Discharged/Transferred to a Designated Cancer Center or Children~s	144
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	5 Discharged/Transferred to a Designated Cancer Center or Children~s	144
HB	NC				CCS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	213
HB	NC				CENTRAL CA ALLIANCE FOR	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	16
HB	NC				CITY & CNTY OF S.F.W/C	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	544
HB	NC				COMMERCIAL-GENERIC	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	9
HB	NC				COMMERCIAL-GENERIC	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home he	28
HB	NC				COMMERCIAL-GENERIC	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home he	28
HB	NC				COMMERCIAL-GENERIC	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	38
HB	NC				CONTRA COSTA HLTH PLAN	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC				CONTRA COSTA HLTH PLAN	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8

HB	NC	[redacted]	[redacted]	?	[redacted]	CONTRA COSTA HLTH PLAN	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		CONTRA COSTA HLTH PLAN	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	12
HB	NC			?		CONTRA COSTA HLTH PLAN	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	12
HB	NC			?		CONTRA COSTA HLTH PLAN	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	22
HB	NC			?		CONTRA COSTA HLTH PLAN	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	22
HB	NC			?		CONTRA COSTA HLTH PLAN	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified LongTerm Care Hosp	25
HB	NC			?		CONTRA COSTA HLTH PLAN	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	69
HB	NC			?		CONTRA COSTA HLTH PLAN	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	69
HB	NC			?		DEPT OF VETERANS AFFAIRS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	58
HB	NC			?		FARMERS INSURANCE GROU	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	29
HB	NC			?		FARMERS INSURANCE GROU	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	29
HB	NC			?		HEALTH NET COMMERCIAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi	3
HB	NC			?		HEALTH NET COMMERCIAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	25
HB	NC			?		HEALTH NET MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC			?		HEALTH NET MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	49
HB	NC			?		HEALTH NET MEDI-CAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	54
HB	NC			?		HEALTH PLAN OF SAN MATE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		HEALTH PLAN OF SAN MATE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		HEALTH PLAN OF SAN MATE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	7
HB	NC			?		HEALTH PLAN OF SAN MATE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	35
HB	NC			?		HEALTH PLAN OF SAN MATE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	35
HB	NC			?		HEALTH PLAN OF SAN MATE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	46
HB	NC			?		HEALTH PLAN OF SAN MATE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	13
HB	NC			?		HEALTH PLAN OF SAN MATE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	29
HB	NC			?		HEALTH PLAN OF SAN MATE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	29
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1

HB	NC	REDACTED REDACTED	?	REDACTED	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		Office		KFHP 1000	V46.11 - HOME VENTILATION DEPENDENCE	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1

HB	NC	REDACTED	REDACTED	?	REDACTED	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1

HB	NC	REDACTED	REDACTED	?	REDACTED	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?

HB	NC	REDACTED	REDACTED	?	REDACTED	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?

HB	NC	REDACTED	REDACTED	?	REDACTED	KFHP 1000	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp 1
HB	NC			?		KFHP 1000	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi 2
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 2

HB	NC	REDACTED	REDACTED	REDACTED	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home he	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	65 Discharged/transferred to a psychiatric hospital or psychiatric distinc	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	3
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home he	3
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3

HB	NC	REDACTED	REDACTED	REDACTED	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	4
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	4
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	66 Discharged/transferred to a Critical Access Hospital (CAH)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	66 Discharged/transferred to a Critical Access Hospital (CAH)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	5
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	5
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	6
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	6
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	6
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6

HB	NC	[redacted]	[redacted]	?	[redacted]	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64	Discharged/transferred to a nursing facility certified under Medicaid	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	6
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	7
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	7
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	7
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64	Discharged/transferred to a nursing facility certified under Medicaid	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	50	Hospice - home	8
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	50	Hospice - home	8
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9

HB	NC	REDACTED	REDACTED	?	REDACTED	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4 Discharged/transferred to a Facility that Provides Custodial or Suppc	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	9
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	10
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	10
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	10
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	11
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	11
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	12
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	12
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	12
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12

HB	NC	REDACTED	REDACTED	?	REDACTED	KHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	12
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	12
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	12
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	13
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	13
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	13
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	50	Hospice - home	14
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	50	Hospice - home	14
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	14
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	15
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	15
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	15
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	15
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	15
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	15
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	15
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	15
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	15
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	16
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	17
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	17
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home	17
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	17
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	17
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	17
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	18

HB	NC	[redacted]	[redacted]	?	[redacted]	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	18
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	18
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	18
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	18
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	18
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	19
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	19
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	51	Hospice - medical facility (Certified) Providing Hospice Level of Care	19
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	20
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not def	20
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	20
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	20
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home	20
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	20
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	21
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	21
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	21
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4	Discharged/transferred to a Facility that Provides Custodial or Suppo	21
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	22
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	22
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	22
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	22
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	23
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	23
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	23
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	23
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	23
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	23
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	23
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	23
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	23
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	23
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not def	24
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not def	24
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	25
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	25
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	25
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	25
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	25
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	25
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	25

HB	NC	[redacted]	[redacted]	[redacted]	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	26
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	7	Left against medical advice or discontinued care	26
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	26
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	28
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	28
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	28
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	28
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	28
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	28
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	28
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	28
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	28
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	28
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	29
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	29
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	29
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	29
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	30
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	30
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	30
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	30
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	31
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	31
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	31
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4	Discharged/transferred to a Facility that Provides Custodial or Suppo	31
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	31
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	31
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	32
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	32
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	32
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	33
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	33
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	34
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	34
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	34
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	34
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4	Discharged/transferred to a Facility that Provides Custodial or Suppo	34
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	35
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	35
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	35
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	35
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	36
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	36
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	36
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	37
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	37
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	37
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	37
HB	NC				KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	37
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	38
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	38
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	38
HB	NC				KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38
HB	NC		Skilled Nursing Fa		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	39

HB	NC	[redacted]	?	[redacted]	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	39
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	39
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	39
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	39
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	39
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	40
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	40
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	41
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	41
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	41
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	41
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	42
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	43
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	43
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	44
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	44
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	44
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	45
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	46
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	47
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	49
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	49
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	49
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4	Discharged/transferred to a Facility that Provides Custodial or Suppo	49
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	50
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	50
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	50
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	51
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	51
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	51
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	52
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	52
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	52
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	52
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	52
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4	Discharged/transferred to a Facility that Provides Custodial or Suppo	53
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	53
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	54
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	54
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	55
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	57
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	57
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	58
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	58
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	58
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	59
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	60
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	60
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	60
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	60
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	60
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64	Discharged/transferred to a nursing facility certified under Medicaid	61
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	61
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	62
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	62
HB	NC		Skilled Nursing Fa		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	63

HB	NC	[redacted]	[redacted]	Skilled Nursing Fa	[redacted]	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	64
HB	NC			Skilled Nursing Fa		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	64
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	64
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	64
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	64
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	65
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	65
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	65
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	66
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	66
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	66
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	66
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	66
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	67
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	67
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	68
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	70
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	71
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	73
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	73
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	73
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	74
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	75
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	75
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	75
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	76
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	76
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	78
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	79
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	81
HB	NC			?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	82
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	83
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	83
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	86
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	86
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	88
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	91
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	93
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	93
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	96
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	96
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	96
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	99
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	99
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	102
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	103
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	103
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	105
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	106
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	106
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	106
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	106
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	108
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	117
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	117
HB	NC			?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	128

HB	NC	[redacted]	?	[redacted]	KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	134
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	136
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	137
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	140
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	147
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	152
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	152
HB	NC		Skilled Nursing F		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	153
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	157
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	182
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	182
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	182
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	182
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	188
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	190
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	195
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	233
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	243
HB	NC		?		KFHP 1000	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	318
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	358
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	364
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	364
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	522
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	589
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	645
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	708
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	788
HB	NC		?		KFHP 1000	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	1457
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	5 Discharged/Transferred to a Designated Cancer Center or Children's	2
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC		?		KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	3
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	3
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	3
HB	NC		?		KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	3
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC		?		KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	4
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	5
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	5
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	5
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	5
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	65 Discharged/transferred to a psychiatric hospital or psychiatric distinc	7
HB	NC		?		KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4 Discharged/transferred to a Facility that Provides Custodial or Suppo	8

HB	NC	[redacted]	[redacted]	[redacted]	KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4	Discharged/transferred to a Facility that Provides Custodial or Suppc	8
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	8
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	8
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	12
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	12
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi	12
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi	12
HB	NC				KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	12
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	13
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	14
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	14
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	14
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	14
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	15
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	15
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	17
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	19
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	20
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	21
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	21
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	24
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	24
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	26
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	26
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	26
HB	NC				KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	27
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	28
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	28
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	29
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	29
HB	NC				KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	70	Discharge/transfer to another type of health care institution not defi	29
HB	NC				KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	29
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	30
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	34
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	38
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	39
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	39
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi	41
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi	41
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi	43
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	48
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	48
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	51
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	52
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	54
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	55
HB	NC				KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	55

HB	NC	REDACTED	REDACTED	KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	62
HB	NC			KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	63
HB	NC			KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	67
HB	NC			KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	67
HB	NC			KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	73
HB	NC			KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	73
HB	NC			KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	75
HB	NC			KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	98
HB	NC			KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	107
HB	NC			KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	127
HB	NC			KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	132
HB	NC			KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	158
HB	NC			KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	202
HB	NC			KFHP 1001	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	237
HB	NC			KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	257
HB	NC			KFHP 1001	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	257
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	7	Left against medical advice or discontinued care	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	7	Left against medical advice or discontinued care	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	1
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	2
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2

HB	NC	REDACTED	REDACTED	?	REDACTED	KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	2
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	2
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	9 Admitted as an inpatient to this hospital	2
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	3
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	4
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	4
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	4
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	4
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	5
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	5
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	5
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	8
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	8
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	9
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	9
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	9
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	9
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	10
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	10
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11

HB	NC	REDACTED	REDACTED	?	REDACTED	KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	11
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	11
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	11
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	12
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	12
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	12
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	16
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	16
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	20
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	20
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	24
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	28
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	29
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	31
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	39
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	40
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	42
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	48
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	51
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	53
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	59
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	71
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	83
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	95
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	107
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	107
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	113
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	113
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	114
HB	NC			?		KFHP 1003	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	118
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	131
HB	NC			?		KFHP 1003	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	156
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP HEALTH CARE REFORM	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	65 Discharged/transferred to a psychiatric hospital or psychiatric distinc	2
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	5
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	5
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	5
HB	NC			?		KP HEALTH CARE REFORM	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	8
HB	NC			?		KP HEALTH CARE REFORM	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	9
HB	NC			?		KP HEALTH CARE REFORM	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	26
HB	NC			?		KP HEALTH CARE REFORM	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	26
HB	NC			?		KP HEALTH CARE REFORM	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	30
HB	NC			?		KP HEALTH CARE REFORM	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	30
HB	NC			?		KP HEALTH CARE REFORM	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38

HB	NC	REDACTED	REDACTED	?	REDACTED	KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi	43
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	55
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	168
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	168
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	1
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	64 Discharged/transferred to a nursing facility certified under Medicaid	2
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	5
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	21
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	50 Hospice - home	21
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	28
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	29
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	29
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	35
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	35
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	58
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	71
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	88
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	88
HB	NC			?		KP HEALTH CARE REFORM - Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	117
HB	NC			?		KP HEALTH CARE REFORM - V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	141
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1

HB	NC	REDACTED	REDACTED	?	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE	V46.11 - PERSONAL CONDITION OF RESPIRATORY DEPENI	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS

HB	NC	REDACTED	REDACTED	?	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 1

HB	NC	REDACTED	REDACTED	?	REDACTED	KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home he	1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	4 Discharged/transferred to a Facility that Provides Custodial or Suppo	1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	51 Hospice - medical facility (Certified) Providing Hospice Level of Care	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2

HB	NC	REDACTED	REDACTED	?	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h 2
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h 2
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 3
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 3
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 3

HB	NC	REDACTED	REDACTED	REDACTED	KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	4 Discharged/transferred to a Facility that Provides Custodial or Suppc	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	3
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4

HB	NC	[redacted]	?	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	6 Discharged/transferred to home under care of an organized home h	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	6 Discharged/transferred to home under care of an organized home h	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	1 Discharged to home or self care (routine discharge)	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	6 Discharged/transferred to home under care of an organized home h	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	64 Discharged/transferred to a nursing facility certified under Medicaid	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	64 Discharged/transferred to a nursing facility certified under Medicaid	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	6 Discharged/transferred to home under care of an organized home h	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	6 Discharged/transferred to home under care of an organized home h	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	1 Discharged to home or self care (routine discharge)	4
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	20 Expired	4
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	5
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	5

HB	NC	REDACTED	REDACTED	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge) 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar 5
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge) 6
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h 6

HB	NC	REDACTED	REDACTED	?	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	6
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	6
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6

HB	NC	REDACTED	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	6
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	6
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	6
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	6
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	6
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	6
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	6
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	66	Discharged/transferred to a Critical Access Hospital (CAH)	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	7
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	7

HB	NC	[redacted]	?	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	7
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home he	7
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	7
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home he	7
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	7
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	7
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	8
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	8
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	8
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	8
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64	Discharged/transferred to a nursing facility certified under Medicaid	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64	Discharged/transferred to a nursing facility certified under Medicaid	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8

HB	NC	[redacted]	?	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	8
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	64	Discharged/transferred to a nursing facility certified under Medicaid	8
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC	?	?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC	?	?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	9
HB	NC	?	?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	9

HB	NC	REDACTED REDACTED	?	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	9
HB	NC	?	?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC	?	?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatien	9
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	9
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	9
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	9
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not def	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10

HB	NC	[redacted]	[redacted]	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4 Discharged/transferred to a Facility that Provides Custodial or Suppc	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	51 Hospice - medical facility (Certified) Providing Hospice Level of Care	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	10
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	10
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	11
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	12

HB	NC	[redacted]	?	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	12
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	12
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	12
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	12
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	13
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	13
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	13
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	13
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	13
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	13
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	13

HB	NC	REDACTED	REDACTED	?	REDACTED	KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	13
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	13
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	13
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	7 Left against medical advice or discontinued care	14
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	7 Left against medical advice or discontinued care	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	14
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	14
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15

HB	NC	REDACTED	REDACTED	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	15
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	15
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	15
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	15
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	15
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	15
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	16
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	16
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4 Discharged/transferred to a Facility that Provides Custocial or Suppo	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4 Discharged/transferred to a Facility that Provides Custocial or Suppo	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	17

HB	NC	REDACTED	REDACTED	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	51 Hospice - medical facility (Certified) Providing Hospice Level of Care	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	51 Hospice - medical facility (Certified) Providing Hospice Level of Care	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	17
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	17
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	17
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not def	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	18
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	18
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home he	18
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19

HB	NC	REDACTED	REDACTED	?	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	19
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	19
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	19
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	19
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	19
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	19
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	64	Discharged/transferred to a nursing facility certified under Medicaid	19
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	64	Discharged/transferred to a nursing facility certified under Medicaid	19
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	19
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	19
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home he	19
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	20
HB	NC	?		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	20
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	20
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	20
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	20
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	21
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	21

HB	NC	REDACTED	REDACTED	REDACTED	KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	21
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	64 Discharged/transferred to a nursing facility certified under Medicaid	21
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	64 Discharged/transferred to a nursing facility certified under Medicaid	21
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	22
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	23
HB	NC				KP MEDICARE	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	23
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	23
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	24
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	24
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	24
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	24
HB	NC				KP MEDICARE	V45.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	24
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	24
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	24
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	25

HB	NC	[redacted]	?	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	25
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	25
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	25
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	25
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	26
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	26
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	27
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	27
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	28
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	28

HB	NC	[redacted]	[redacted]	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	51 Hospice - medical facility (Certified) Providing Hospice Level of Care	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	28
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	28
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	28
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	29
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	29
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	29
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	29
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	29
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	29
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	29
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	29
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	29
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	30
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	30
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	30
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	30
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	30
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	30
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	30
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	31
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	31
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	31
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	31
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	31
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	31
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	31
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4 Discharged/transferred to a Facility that Provides Custodial or Suppo	31
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	31
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	31
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	32
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	32
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	32
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	32
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	33
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	33
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	33
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	33

HB	NC	[redacted]	?	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	33
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	33
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	33
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	34
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	34
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	34
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	34
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	34
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	34
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	34
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	34
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	34
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	34
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	34
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	35
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	35
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	35
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	35
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	35
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	35
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	36
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	36
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) in	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) in	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	37
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	37
HB	NC		?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	37
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	38
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	38

HB	NC	[redacted]	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	38
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	39
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	39
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	39
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	39
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	39
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	39
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	40
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	40
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	40
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	40
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	40
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	40
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	40
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	41
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	41
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	41
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	41
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	41
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	41
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	41
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	41
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home	42
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	42
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	42
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	42
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	42
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	42
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	42
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	42
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	42
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	43
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	43
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	43
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	44
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	44
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	44
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	51	Hospice - medical facility (Certified) Providing Hospice Level of Care	44
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	51	Hospice - medical facility (Certified) Providing Hospice Level of Care	44
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	44
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	44
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	44
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	45
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	45
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	45
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	45
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	45
HB	NC			KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	45
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	46
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	46
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	46
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	46
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	47
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	47
HB	NC			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	47

HB	NC	[redacted]	[redacted]	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	47
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	47
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	47
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	47
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	47
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	48
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	48
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	48
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	48
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	48
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	48
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	49
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	49
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	49
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	49
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	49
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	50
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	50
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	50
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	50
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	50
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	50
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	51
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	51
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	51
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	51
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	51
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	51
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	51
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	51
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4 Discharged/transferred to a Facility that Provides Custodial or Suppc	52
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	52
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	53
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	53
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	53
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	53
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	54
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	54
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	54
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	55
HB	NC	Skilled Nursing Fa			KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	55
HB	NC				KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	55
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	56
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	56
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	56
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	56
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	57
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	57
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	57
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	57
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	57
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	57
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	58
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	58
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	58
HB	NC				KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	58

HB	NC	[redacted]	[redacted]	?	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	58
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	58
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	58
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	59
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	59
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	59
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	59
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	59
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	60
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	60
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	60
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	60
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	60
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	61
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	61
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	61
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	61
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	61
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	61
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	61
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	61
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	62
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	63
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	63
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	63
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	63
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	63
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	64
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	65
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	65
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	66 Discharged/transferred to a Critical Access Hospital (CAH)	66
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	66
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	66
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	66
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	67
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	67
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	68
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	68
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	68
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	68
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	68
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	69
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	69
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	69
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	70
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	70
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	70
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	70
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	70
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	71
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	71
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	71
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	71
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	71
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	72
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	74

HB	NC	[redacted]	[redacted]	?	[redacted]	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	75
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	76
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	76
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	77
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2 Discharged/transferred to a short-term general hospital for inpatient	78
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	79
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	79
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	79
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	80
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	80
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	80
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	81
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	81
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	81
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	82
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	83
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	83
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	83
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	83
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	84
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	84
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	84
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	84
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	84
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	85
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	86
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	86
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	86
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	89
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	89
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	89
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	90
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	92
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	92
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	93
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	93
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	94
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	94
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	95
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	97
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	98
HB	NC			Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	99
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	100
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	102
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	103
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	106
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not def	107
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	108
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	109
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	109
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	110
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	110
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62 Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	111
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	112
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	112
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	117

HB	NC	REDACTED	REDACTED	?	REDACTED	KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4	Discharged/transferred to a Facility that Provides Custodial or Suppo	119
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	122
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	122
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	126
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	126
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	126
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	126
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi	127
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi	132
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	132
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	134
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	136
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home he	136
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	138
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	138
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	139
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	64	Discharged/transferred to a nursing facility certified under Medicaid	139
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	148
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	152
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	152
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	154
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	154
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	155
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	155
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	51	Hospice - medical facility (Certified) Providing Hospice Level of Care	155
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	156
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	158
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	158
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	158
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	158
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	161
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	168
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	178
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	179
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	183
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	186
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	194
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	195
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	211
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	214
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	215
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home he	225
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	228
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	232
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	233
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	244
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	245
HB	NC			Skilled Nursing F		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	251
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	279
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	279
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	281
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	282
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	285
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	285
HB	NC			?		KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	70	Discharge/transfer to another type of health care institution not defi	290
HB	NC			?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	308

HB	NC	[redacted]	?	[redacted]	KP MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	313
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	331
HB	NC		Skilled Nursing Fa		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	333
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50 Hospice - home	342
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	346
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	399
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	406
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	406
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	435
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi	443
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	445
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	457
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	492
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	507
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	638
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	736
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	801
HB	NC		?		KP MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	984
HB	NC		?		KPIC/HARRINGTON	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC		?		KPIC/HARRINGTON	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	8
HB	NC		?		KPIC/HARRINGTON	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	11
HB	NC		?		LIBERTY MUTUAL INSURANC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	10
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not defi	1
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	2
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	2
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	2
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	2
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home he	3
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	4
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	4
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	66 Discharged/transferred to a Critical Access Hospital (CAH)	5
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	6
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	7
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	8
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	8
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	8

HB	NC	[redacted]	?	[redacted]	MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	11
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	12
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	12
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	12
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	12
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	13
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	13
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	14
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	14
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	18
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	21
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	21
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	22
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	24
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	27
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	28
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	33
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	33
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	33
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	35
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	35
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	36
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	37
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	9	Admitted as an inpatient to this hospital	42
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	44
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	45
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	49
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6	Discharged/transferred to home under care of an organized home h	55
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	58
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	58
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	58
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	58
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	60
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	62
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	64
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30	Still patient	67
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	68
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	69
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not def	79
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not def	79
HB	NC		?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	83
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	105
HB	NC		?		MEDI-CAL EDS	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	105
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9	Admitted as an inpatient to this hospital	116
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30	Still patient	125
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30	Still patient	125
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	151
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	201
HB	NC		Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30	Still patient	203

HB	NC	REDACTED	REDACTED	Skilled Nursing Fa	REDACTED	MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	212
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	225
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	288
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	359
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	385
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	385
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	591
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	592
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	940
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	961
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	1088
HB	NC			?		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	1175
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	1699
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	1699
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	1908
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	1930
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	2046
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	2249
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	2319
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	3150
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70 Discharge/transfer to another type of health care institution not def	3302
HB	NC			Skilled Nursing Fa		MEDI-CAL EDS	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	3956
HB	NC			?		MEDICAL FINANCIAL ASSIST.	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	3
HB	NC			?		MEDICAL FINANCIAL ASSIST.	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	28
HB	NC			?		MEDICAL FINANCIAL ASSIST.	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	28
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	1
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	1
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	1
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	4 Discharged/transferred to a Facility that Provides Custodial or Suppo	1
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	2
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	2
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	2
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	2
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	50 Hospice - home	2
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	2
HB	NC			Skilled Nursing Fa		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	3
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	3
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	3
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	3
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	3
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	4
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4

HB	NC	REDACTED	REDACTED	?	REDACTED	MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	4
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	5
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	5
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1	Discharged to home or self care (routine discharge)	5
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	5
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not def	6
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	6
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	6
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	7
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	7
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	7
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	51	Hospice - medical facility (Certified) Providing Hospice Level of Care	7
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	51	Hospice - medical facility (Certified) Providing Hospice Level of Care	7
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	8
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	9
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	9
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	9

HB	NC	REDACTED	REDACTED	?	REDACTED	MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	65	Discharged/transferred to a psychiatric hospital or psychiatric distinc
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not defi
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar

HB	NC	REDACTED	REDACTED	?	REDACTED	MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	17
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	18
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	18
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	18
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	18
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	19
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	19
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	20
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	2	Discharged/transferred to a short-term general hospital for inpatient	20
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	4	Discharged/transferred to a Facility that Provides Custodial or Suppo	21
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	21
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	21
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	21
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	21
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	21
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	22
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	22
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	22
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	22
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	22
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	22
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	23
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	23
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	24
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	24
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	25
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	25
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	25
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	25
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	25
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	26
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	26
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	26
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	26
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	27
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	28
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	28
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	29
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	29
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	29
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	31
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	31
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	31
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	31
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	32
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	33
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	33
HB	NC			?		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	33
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	34
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	34
HB	NC			?		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	34

HB	NC	[redacted]	[redacted]	[redacted]	MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	36
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	36
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	37
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	38
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	42
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	43
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	43
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	43
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	46
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	46
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	6 Discharged/transferred to home under care of an organized home h	46
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	47
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	47
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64 Discharged/transferred to a nursing facility certified under Medicaid	49
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	49
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	1 Discharged to home or self care (routine discharge)	49
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	50
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	51
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	55
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	63
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	70
HB	NC		Skilled Nursing Fa		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	75
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	76
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	79
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	82
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6 Discharged/transferred to home under care of an organized home h	82
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	85
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	111
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	137
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	137
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	161
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	169
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	194
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	217
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	240
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	266
HB	NC		Skilled Nursing Fa		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	277
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	297
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	297
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2 Discharged/transferred to a short-term general hospital for inpatient	301
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20 Expired	316
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	318
HB	NC		Skilled Nursing Fa		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	9 Admitted as an inpatient to this hospital	412
HB	NC				MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	469
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	63 Discharged/transferred to a Medicare Certified Long Term Care Hosp	517
HB	NC		Skilled Nursing Fa		MEDICARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	30 Still patient	602
HB	NC		Skilled Nursing Fa		MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	70 Discharge/transfer to another type of health care institution not def	919
HB	NC				MEDICARE	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	1655
HB	NC				MEDICARE HMO OTHER	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20 Expired	6
HB	NC				MEDICARE HMO OTHER	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC				MEDICARE HMO OTHER	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC				MOLINA HEALTHCARE (MED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	4
HB	NC				MOLINA HEALTHCARE (MED	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC				PARTNERSHIP HEALTH PLAN	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1 Discharged to home or self care (routine discharge)	1
HB	NC				PARTNERSHIP HEALTH PLAN	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7

HB	NC	REDACTED REDACTED	REDACTED	ARTNERSHIP HEALTH PLAN	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	7
HB	NC			ARTNERSHIP HEALTH PLAN	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	7
HB	NC			ARTNERSHIP HEALTH PLAN	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not def	615
HB	NC			RESUMPTIVE MEDI-CAL EL	Z99.11 - DEPENDENCE ON RESPIRATOR (VENTILATOR) STA	20	Expired	10
HB	NC			ANTA CLARA FAMILY HEAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	8
HB	NC			ANTA CLARA FAMILY HEAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	8
HB	NC			ANTA CLARA FMLY MED HI	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	64	Discharged/transferred to a nursing facility certified under Medicaid	1
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	1
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	2
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	2
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not def	6
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	70	Discharge/transfer to another type of health care institution not def	6
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	10
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	10
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	16
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	20
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	20
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	22
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	35
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	42
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	42
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home	47
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home	47
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	68
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	68
HB	NC			ELF-FUNDED/KPIC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	50	Hospice - home	100
HB	NC			UTTER HEALTH INSURANCE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	7
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	8
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	15
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	63	Discharged/transferred to a Medicare Certified Long Term Care Hosp	15
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	17
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	18
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	18
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	18
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	19
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	22
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	24
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	30
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	32
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	42
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	109
HB	NC			ROVER SOLUTIONS INC	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	109
HB	NC			UNITED HEALTHCARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	1	Discharged to home or self care (routine discharge)	13

HB	NC	REDACTED	REDACTED	?	REDACTED	UNITED HEALTHCARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC			?		UNITED HEALTHCARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	6	Discharged/transferred to home under care of an organized home h	13
HB	NC			?		UNITED HEALTHCARE	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	17
HB	NC			?		UNITED HEALTHCARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	20	Expired	24
HB	NC			?		UNITED HEALTHCARE	Z99.11 - DEPENDENCE ON RESPIRATOR [VENTILATOR] STA	20	Expired	24
HB	NC			?		UNITED HEALTHCARE-MEDI	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	5
HB	NC			?		UNITED HEALTHCARE-MEDI	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	5
HB	NC			?		UNITED HEALTHCARE-MEDI	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC			?		UNITED HEALTHCARE-MEDI	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	27
HB	NC			Skilled Nursing F		VA BENEFITS PALO ALTO	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	157
HB	NC			?		VST MBR KP NCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	13
HB	NC			?		VST MBR KP NCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	62	Discharged/transferred to an inpatient rehabilitation facility (IRF) inc	32
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	6
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	6
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	20	Expired	8
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	16
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	16
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	16
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	63
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	3	Discharged/transferred to Skilled Nursing Facility (SNF) with Medicar	63
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	480
HB	NC			?		VST MBR KP SCAL	V46.11 - DEPENDENCE ON RESPIRATOR STATUS	2	Discharged/transferred to a short-term general hospital for inpatient	480

EXHIBIT 27

On Thursday, December 26, 2013 3:57 PM, "Gloryanne.H.Bryant@kp.org" <Gloryanne.H.Bryant@kp.org> wrote:

Victoria M Hernandez

----- Original Message -----
From: Victoria M Hernandez
Sent: 12/26/2013 03:27 PM PST
To: Gloryanne Bryant
Subject: Fw: TPMG Vent Audit Results

FYI

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----- Forwarded by Victoria M Hernandez/CA/KAIPERM on 12/26/2013 03:27 PM -----

From: Victoria M Hernandez/CA/KAIPERM
To: Roderick C Madamba/CA/KAIPERM@KAIPERM
Date: 12/26/2013 03:26 PM
Subject: TPMG Vent Audit Results

Hi Rod,

I had Loren and Ronda validate the coding from the TPMG vent audit cases and they disagreed with 100% of their recommendation. I'll keep this on file until we officially hear back from Coding Clinic. Thanks.

(See attached file: V4611 Vent Dependence Jan 1 to Aug 31 2013.xls)

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HIM page: https://w ki.kp.org/wiki/x/fYDGBQ
Coders' Corner: https://wiki.kp.org/w ki/x/g4DGBQ
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	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
3	[redacted]	REDACTED	[redacted]			
4						
5				V46.11	DEPENDENCE ON RESPIRATOR STATUS	266,537.60
6						
7				V46.11	DEPENDENCE ON RESPIRATOR STATUS	19,435.95
8						
9				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,121.00
10						
11				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,662.45
12						
13				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,410.45
14						
15				V46.11	DEPENDENCE ON RESPIRATOR STATUS	36,637.85
16						
17				V46.11	DEPENDENCE ON RESPIRATOR STATUS	5,591.75
18						
19				V46.11	DEPENDENCE ON RESPIRATOR STATUS	24,209.05
20						
21				V46.11	DEPENDENCE ON RESPIRATOR STATUS	68,857.05
22						
23				V46.11	DEPENDENCE ON RESPIRATOR STATUS	92,591.00
24						
25				V46.11	DEPENDENCE ON RESPIRATOR STATUS	708,741.72
26						
27				V46.11	DEPENDENCE ON RESPIRATOR STATUS	191,813.35
28						
29				V46.11	DEPENDENCE ON RESPIRATOR STATUS	209,149.80
30						
31				V46.11	DEPENDENCE ON RESPIRATOR STATUS	470,652.25
32						

	G	H	I	J	K	L	M	N
1								
2	**DX_POS**	**ACCT_CLASS**	**ADM_DATE**	**DISCH_DATE**	**LOB_NAME**	**DRG_NUMBER**	**DRG_DESCRIPTION**	**ATTENDING_PROV_ID**
3			REDACTED					REDACTED
4								
5	13	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
6								
7	8	Inpatient			Medicare Unassigned	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
8								
9	2	Emergency			Medicare Advantage	UNK	Unknown DRG	
10								
11	6	Emergency			KP Medicaid	UNK	Unknown DRG	
12								
13	7	Emergency			KP Traditional	UNK	Unknown DRG	
14								
15	3	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
16								
17	6	Emergency			Medicare Advantage	UNK	Unknown DRG	
18								
19	5	Observation			KP Traditional	UNK	Unknown DRG	
20								
21	4	Inpatient			Medicare Advantage	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	
22								
23	3	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
24								
25	18	Inpatient			Medicare Advantage	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
26								
27	5	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
28								
29	12	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
30								
31	16	Inpatient			Medicare Advantage	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
32								

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
3	REDACTED	
4		
5		Transfer from a Hospital (Different Facility)
6		
7		Transfer from a Hospital (Different Facility)
8		
9		Non-Health Care Facility Point of Origin
10		
11		Non-Health Care Facility Point of Origin
12		
13		Non-Health Care Facility Point of Origin
14		
15		Non-Health Care Facility Point of Origin
16		
17		Non-Health Care Facility Point of Origin
18		
19		Non-Health Care Facility Point of Origin
20		
21		Non-Health Care Facility Point of Origin
22		
23		Non-Health Care Facility Point of Origin
24		
25		Non-Health Care Facility Point of Origin
26		
27		Non-Health Care Facility Point of Origin
28		
29		Non-Health Care Facility Point of Origin
30		
31		Non-Health Care Facility Point of Origin
32		

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
3		
4		
5	SN/IC - D/T to SNF with Medicare Certification	E
6		
7	DIED - Expired	E
8		
9	HOME - Discharge to Home or Self Care (Routine Discharge)	
10		
11	HOME - Discharge to Home or Self Care (Routine Discharge)	
12		
13	HOME - Discharge to Home or Self Care (Routine Discharge)	
14		
15	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
16		
17	HOME - Discharge to Home or Self Care (Routine Discharge)	
18		
19	HOME - Discharge to Home or Self Care (Routine Discharge)	
20		
21	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
22		
23	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
24		
25	DIED - Expired	E
26		
27	SN/IC - D/T to SNF with Medicare Certification	E
28		
29	DIED - Expired	E
30		
31	DIED - Expired	E
32		

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
33	[redacted]	REDACTED	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	137,885.40
34						
35				V46.11	DEPENDENCE ON RESPIRATOR STATUS	61,258.80
36						
37				V46.11	DEPENDENCE ON RESPIRATOR STATUS	123,361.05
38						
39				V46.11	DEPENDENCE ON RESPIRATOR STATUS	30,561.85
40						
41				V46.11	DEPENDENCE ON RESPIRATOR STATUS	36,985.10
42						
43				V46.11	DEPENDENCE ON RESPIRATOR STATUS	53,522.25
44						
45				V46.11	DEPENDENCE ON RESPIRATOR STATUS	359.00
46						
47				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,843.00
48						
49				V46.11	DEPENDENCE ON RESPIRATOR STATUS	296,653.30
50						
51				V46.11	DEPENDENCE ON RESPIRATOR STATUS	88,149.50
52						
53						
54				V46.11	DEPENDENCE ON RESPIRATOR STATUS	34,239.51
55						
56						
57				V46.11	DEPENDENCE ON RESPIRATOR STATUS	747,858.95
58						
59				V46.11	DEPENDENCE ON RESPIRATOR STATUS	232,740.40
60						
61				V46.11	DEPENDENCE ON RESPIRATOR STATUS	272,467.75

	G	H	I	J	K	L	M	N
1								
2	**DX_POS**	**ACCT_CLASS**	**ADM_DATE**	**DISCH_DATE**	**LOB_NAME**	**DRG_NUMBER**	**DRG_DESCRIPTION**	**ATTENDING_PROV_ID**
33	4	Inpatient	REDACTED		Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	REDACTED
34								
35	5	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
36								
37	8	Inpatient			KP Traditional	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	
38								
39	8	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
40								
41	3	Inpatient			Commercial	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
42								
43	7	Inpatient			Commercial	061	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	
44								
45	25	Emergency			Medicare Advantage	UNK	Unknown DRG	
46								
47	18	Emergency			Medicare Advantage	UNK	Unknown DRG	
48								
49	16	Inpatient			HDHP	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	
50								
51	7	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
52								
53								
54	8	Hospital Ambulatory Surgery			KP Traditional	UNK	Unknown DRG	
55								
56								
57	20	Inpatient			Medicare Advantage	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
58								
59	4	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
60								
61	3	Inpatient			TPL Non-Lien	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
33	REDACTED	Non-Health Care Facility Point of Origin
34		
35		Non-Health Care Facility Point of Origin
36		
37		Transfer from a Hospital (Different Facility)
38		
39		Clinic or Physician's Office
40		
41		Non-Health Care Facility Point of Origin
42		
43		Non-Health Care Facility Point of Origin
44		
45		Non-Health Care Facility Point of Origin
46		
47		Non-Health Care Facility Point of Origin
48		
49		Non-Health Care Facility Point of Origin
50		
51		Non-Health Care Facility Point of Origin
52		
53		
54		Non-Health Care Facility Point of Origin
55		
56		
57		Clinic or Physician's Office
58		
59		Non-Health Care Facility Point of Origin
60		
61		Transfer from a Hospital (Different Facility)

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
33	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
34		
35	HOME HEALTH SERVICES - Discharge to Home Hospice	E
36		
37	SN/IC - D/T to SNF with Medicare Certification	E
38		
39	DIED - Expired	N
40		
41	OTHER CARE TO ANOTHER HOSP - D/T to Another Type	E
42		
43	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
44		
45	HOME - Discharge to Home or Self Care (Routine Discharge)	
46		
47	HOME - Discharge to Home or Self Care (Routine Discharge)	
48		
49	DIED - Expired	E
50		
51	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E
52		
53		
54	HOME - Discharge to Home or Self Care (Routine Discharge)	
55		
56		
57	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E
58		
59	DIED - Expired	E
60		
61	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
62	[redacted]	REDACTED	[redacted]			
63				V46.11	DEPENDENCE ON RESPIRATOR STATUS	285,637.40
64						
65				V46.11	DEPENDENCE ON RESPIRATOR STATUS	57,156.10
66						
67				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,190,451.25
68						
69				V46.11	DEPENDENCE ON RESPIRATOR STATUS	829,444.50
70						
71				V46.11	DEPENDENCE ON RESPIRATOR STATUS	6,304.40
72						
73				V46.11	DEPENDENCE ON RESPIRATOR STATUS	19,500.64
74						
75				V46.11	DEPENDENCE ON RESPIRATOR STATUS	234,884.90
76						
77				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,804.65
78						
79				V46.11	DEPENDENCE ON RESPIRATOR STATUS	27,961.65
80						
81				V46.11	DEPENDENCE ON RESPIRATOR STATUS	99,073.75
82						
83				V46.11	DEPENDENCE ON RESPIRATOR STATUS	25,861.25
84						
85				V46.11	DEPENDENCE ON RESPIRATOR STATUS	703,615.65
86				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
87						
88				V46.11	DEPENDENCE ON RESPIRATOR STATUS	67,459.55
89						
90						
91				V46.11	DEPENDENCE ON RESPIRATOR STATUS	147,517.95

	G	H	I	J	K	L	M	N
1								
2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
62			REDACTED					REDACTED
63	22	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
64								
65	2	Inpatient			KP Traditional	378	G.I. HEMORRHAGE W CC	
66								
67	16	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
68								
69	11	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
70								
71	10	Outpatient			KP Traditional	UNK	Unknown DRG	
72								
73	7	Hospital Ambulatory Surgery			Medicare Advantage	UNK	Unknown DRG	
74								
75	4	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
76								
77	5	Observation			KP Traditional	UNK	Unknown DRG	
78								
79	2	Inpatient			KP Traditional	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
80								
81	6	Inpatient			KP Traditional	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
82								
83	3	Inpatient			KP Traditional	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
84								
85	21	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
86	21							
87								
88	8	Inpatient			KP Traditional	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
89								
90								
91	2	Inpatient			KP Traditional	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
62	REDACTED	
63		Transfer from a Hospital (Different Facility)
64		
65		Non-Health Care Facility Point of Origin
66		
67		Transfer from a Hospital (Different Facility)
68		
69		Transfer from a Hospital (Different Facility)
70		
71		Non-Health Care Facility Point of Origin
72		
73		Non-Health Care Facility Point of Origin
74		
75		Non-Health Care Facility Point of Origin
76		
77		Non-Health Care Facility Point of Origin
78		
79		Non-Health Care Facility Point of Origin
80		
81		Non-Health Care Facility Point of Origin
82		
83		Transfer from a Hospital (Different Facility)
84		
85		Transfer from a Hospital (Different Facility)
86		
87		
88		Non-Health Care Facility Point of Origin
89		
90		
91		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
62		
63	DIED - Expired	E
64		
65	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
66		
67	SN/IC - D/T to SNF with Medicare Certification	E
68		
69	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E
70		
71	HOME - Discharge to Home or Self Care (Routine Discharge)	
72		
73	HOME - Discharge to Home or Self Care (Routine Discharge)	
74		
75	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E
76		
77	HOME - Discharge to Home or Self Care (Routine Discharge)	
78		
79	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
80		
81	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
82		
83	SN/IC - D/T to SNF with Medicare Certification	E
84		
85	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
86	HOME - Discharge to Home or Self Care (Routine Discharge)	E
87		
88	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
89		
90		
91	HOME - Discharge to Home or Self Care (Routine Discharge)	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
92	[redacted]	REDACTED	[redacted]			
93				V46.11	DEPENDENCE ON RESPIRATOR STATUS	368,778.60
94						
95				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,932.00
96						
97				V46.11	DEPENDENCE ON RESPIRATOR STATUS	690,475.08
98						
99				V46.11	DEPENDENCE ON RESPIRATOR STATUS	60,620.35
100						
101				V46.11	DEPENDENCE ON RESPIRATOR STATUS	368,207.05
102						
103				V46.11	DEPENDENCE ON RESPIRATOR STATUS	467,973.91
104						
105				V46.11	DEPENDENCE ON RESPIRATOR STATUS	82,005.20
106						
107				V46.11	DEPENDENCE ON RESPIRATOR STATUS	8,339.35
108						
109				V46.11	DEPENDENCE ON RESPIRATOR STATUS	52,093.75
110						
111				V46.11	DEPENDENCE ON RESPIRATOR STATUS	34,119.10
112				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
113						
114				V46.11	DEPENDENCE ON RESPIRATOR STATUS	107,331.15
115						
116				V46.11	DEPENDENCE ON RESPIRATOR STATUS	256,217.85
117						
118						
119				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,005,002.00
120				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
121						
122				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,404,480.00

	G	H	I	J	K	L	M	N
1								
2	**DX_POS**	**ACCT_CLASS**	**ADM_DATE**	**DISCH_DATE**	**LOB_NAME**	**DRG_NUMBER**	**DRG_DESCRIPTION**	**ATTENDING_PROV_ID**
92			REDACTED					REDACTED
93	13	Inpatient			Medicare Advantage	377	G.I. HEMORRHAGE W MCC	
94								
95	11	Emergency			Medicare Advantage	UNK	Unknown DRG	
96								
97	34	Inpatient			KP Traditional	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	
98								
99	4	Inpatient			KP Medicaid	698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	
100								
101	7	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
102								
103	15	Inpatient			KP Traditional	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	
104								
105	5	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
106								
107	10	Outpatient			KP Traditional	UNK	Unknown DRG	
108								
109	3	Inpatient			Medicare Advantage	378	G.I. HEMORRHAGE W CC	
110								
111	7	Inpatient			Medicare Advantage	378	G.I. HEMORRHAGE W CC	
112	7							
113								
114	4	Inpatient			KP Traditional	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
115								
116	12	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
117								
118								
119	3	Inpatient			Medicaid	988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	
120	3							
121								
122	3	Inpatient			Medicaid	092	OTHER DISORDERS OF NERVOUS SYSTEM W CC	

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
92	REDACTED	
93		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
94		
95		Transfer from Another Health Care Facility
96		
97		Clinic or Physician's Office
98		
99		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
100		
101		Transfer from a Hospital (Different Facility)
102		
103		Clinic or Physician's Office
104		
105		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
106		
107		Non-Health Care Facility Point of Origin
108		
109		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
110		
111		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
112		
113		
114		Non-Health Care Facility Point of Origin
115		
116		Transfer from a Hospital (Different Facility)
117		
118		
119		Transfer from Another Health Care Facility
120		
121		
122		Transfer from a Hospital (Different Facility)

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
92		
93	SN/IC - D/T to SNF with Medicare Certification	E
94		
95	HOME - Discharge to Home or Self Care (Routine Discharge)	
96		
97	DIED - Expired	E
98		
99	SN/IC - D/T to SNF with Medicare Certification	E
100		
101	DIED - Expired	E
102		
103	DIED - Expired	E
104		
105	SN/IC - D/T to SNF with Medicare Certification	E
106		
107	HOME - Discharge to Home or Self Care (Routine Discharge)	
108		
109	SN/IC - D/T to SNF with Medicare Certification	E
110		
111	HOME - Discharge to Home or Self Care (Routine Discharge)	E
112	SN/IC - D/T to SNF with Medicare Certification	E
113		
114	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
115		
116	DIED - Expired	E
117		
118		
119	HOME - Discharge to Home or Self Care (Routine Discharge)	E
120	ACUTE CARE TO ANOTHER HOSP-D/T to a Medicare Certified Long Term Care Hosp (LTCH)	E
121		
122	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
123	[redacted]	REDACTED	[redacted]			
124				V46.11	DEPENDENCE ON RESPIRATOR STATUS	292,600.00
125				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
126						
127				V46.11	DEPENDENCE ON RESPIRATOR STATUS	219,450.00
128				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
129						
130				V46.11	DEPENDENCE ON RESPIRATOR STATUS	295,526.00
131				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
132						
133				V46.11	DEPENDENCE ON RESPIRATOR STATUS	228,228.00
134				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
135						
136				V46.11	DEPENDENCE ON RESPIRATOR STATUS	308,693.00
137						
138				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,463.00
139						
140						
141				V46.11	DEPENDENCE ON RESPIRATOR STATUS	95,958.00
142						
143				V46.11	DEPENDENCE ON RESPIRATOR STATUS	38,103.00
144						
145				V46.11	DEPENDENCE ON RESPIRATOR STATUS	295,200.20
146						
147				V46.11	DEPENDENCE ON RESPIRATOR STATUS	214,051.20
148						
149				V46.11	DEPENDENCE ON RESPIRATOR STATUS	339,817.75
150						

	G	H	I	J	K	L	M	N
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2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
123			REDACTED					REDACTED
124	7	Inpatient			Medicaid	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
125	7							
126								
127	9	Inpatient			Medicaid	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
128	9							
129								
130	6	Inpatient			Medicaid	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
131	6							
132								
133	5	Inpatient			Commercial	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
134	5							
135								
136	2	Inpatient			Medicaid	092	OTHER DISORDERS OF NERVOUS SYSTEM W CC	
137								
138	10	Inpatient			Medicaid	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
139								
140								
141	10	Inpatient			Medicare	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
142								
143	2	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
144								
145	9	Inpatient			KP Traditional	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
146								
147	10	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
148								
149	9	Inpatient			KP DHMO	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
150								

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
123	REDACTED	
124		Transfer from a Hospital (Different Facility)
125		
126		
127		Transfer from a Hospital (Different Facility)
128		
129		
130		Transfer from a Hospital (Different Facility)
131		
132		
133		Transfer from a Hospital (Different Facility)
134		
135		
136		Transfer from a Hospital (Different Facility)
137		
138		Transfer from a Hospital (Different Facility)
139		
140		
141		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
142		
143		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
144		
145		Transfer from a Hospital (Different Facility)
146		
147		Clinic or Physician's Office
148		
149		Clinic or Physician's Office
150		

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
123		
124	HOME - Discharge to Home or Self Care (Routine Discharge)	E
125	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
126		
127	DIED - Expired	E
128	HOME - Discharge to Home or Self Care (Routine Discharge)	E
129		
130	DIED - Expired	E
131	HOME - Discharge to Home or Self Care (Routine Discharge)	E
132		
133	DIED - Expired	E
134	HOME - Discharge to Home or Self Care (Routine Discharge)	E
135		
136	OTHER CARE W/I THIS HOSP - Admitted as an Inpt to this Hosp	E
137		
138	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
139		
140		
141	DIED - Expired	E
142		
143	SN/IC - D/T to SNF with Medicare Certification	E
144		
145	SN/IC - D/T to SNF with Medicare Certification	E
146		
147	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
148		
149	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
150		

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
151	[redacted]	REDACTED	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	246,072.65
152						
153				V46.11	DEPENDENCE ON RESPIRATOR STATUS	27,683.15
154						
155						
156				V46.11	DEPENDENCE ON RESPIRATOR STATUS	403,778.25
157						
158				V46.11	DEPENDENCE ON RESPIRATOR STATUS	81,263.85
159						
160				V46.11	DEPENDENCE ON RESPIRATOR STATUS	78,298.63
161						
162				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,720.95
163						
164				V46.11	DEPENDENCE ON RESPIRATOR STATUS	35,142.25
165						
166				V46.11	DEPENDENCE ON RESPIRATOR STATUS	7,058.35
167						
168				V46.11	DEPENDENCE ON RESPIRATOR STATUS	54,174.15
169						
170				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,492,663.80
171						
172				V46.11	DEPENDENCE ON RESPIRATOR STATUS	33,352.80
173						
174				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,287,868.85
175						
176				V46.11	DEPENDENCE ON RESPIRATOR STATUS	204,422.75
177						
178				V46.11	DEPENDENCE ON RESPIRATOR STATUS	72,477.30
179						
180				V46.11	DEPENDENCE ON RESPIRATOR STATUS	59,893.85

	G	H	I	J	K	L	M	N
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2	**DX_POS**	**ACCT_CLASS**	**ADM_DATE**	**DISCH_DATE**	**LOB_NAME**	**DRG_NUMBER**	**DRG_DESCRIPTION**	**ATTENDING_PROV_ID**
151	16	Inpatient	REDACTED		Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	REDACTED
152								
153	3	Inpatient			Medicare Advantage	069	TRANSIENT ISCHEMIA	
154								
155								
156	9	Inpatient			KP Traditional	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
157								
158	11	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
159								
160	3	Inpatient			KP Traditional	137	MOUTH PROCEDURES W CC/MCC	
161								
162	11	Emergency			Medicare Advantage	UNK	Unknown DRG	
163								
164	3	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
165								
166	5	Emergency			KP Traditional	UNK	Unknown DRG	
167								
168	2	Inpatient			Medicare Advantage	189	PULMONARY EDEMA & RESPIRATORY FAILURE	
169								
170	13	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
171								
172	2	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
173								
174	14	Inpatient			KP Medicaid	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
175								
176	4	Inpatient			KP Traditional	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
177								
178	5	Inpatient			Medicaid	193	SIMPLE PNEUMONIA & PLEURISY W MCC	
179								
180	3	Inpatient			KP Traditional	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	

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2	**PROV_NAME**	**ADMIT_SRC**
151	REDACTED	Transfer from a Hospital (Different Facility)
152		
153		Transfer from One Distinct Unit to another Distinct Unit in Same Hospital
154		
155		
156		Non-Health Care Facility Point of Origin
157		
158		Transfer from Another Health Care Facility
159		
160		Non-Health Care Facility Point of Origin
161		
162		Non-Health Care Facility Point of Origin
163		
164		Non-Health Care Facility Point of Origin
165		
166		Non-Health Care Facility Point of Origin
167		
168		Non-Health Care Facility Point of Origin
169		
170		Non-Health Care Facility Point of Origin
171		
172		Non-Health Care Facility Point of Origin
173		
174		Non-Health Care Facility Point of Origin
175		
176		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
177		
178		Transfer from a Hospital (Different Facility)
179		
180		Information Not Available

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
151	SN/IC - D/T to SNF with Medicare Certification	E
152		
153	SN/IC - D/T to SNF with Medicare Certification	E
154		
155		
156	HOME - Discharge to Home or Self Care (Routine Discharge)	E
157		
158	SN/IC - D/T to an Intermediate Care Facility (ICF)	E
159		
160	HOME - Discharge to Home or Self Care (Routine Discharge)	E
161		
162	HOME - Discharge to Home or Self Care (Routine Discharge)	
163		
164	HOME - Discharge to Home or Self Care (Routine Discharge)	E
165		
166	OTHER CARE TO ANOTHER HOSP - D/T to Another Type	
167		
168	SN/IC - D/T to SNF with Medicare Certification	E
169		
170	DIED - Expired	E
171		
172	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
173		
174	SN/IC - D/T to a Nursing Facility Certified under Medicaid but not Certified under Me	E
175		
176	SN/IC - D/T to an Intermediate Care Facility (ICF)	E
177		
178	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
179		
180	SN/IC - D/T to a Nursing Facility Certified under Medicaid but not Certified under Me	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
181	[redacted]	REDACTED	[redacted]			
182				V46.11	DEPENDENCE ON RESPIRATOR STATUS	156,065.15
183						
184				V46.11	DEPENDENCE ON RESPIRATOR STATUS	143,635.40
185						
186				V46.11	DEPENDENCE ON RESPIRATOR STATUS	21,643.30
187						
188				V46.11	DEPENDENCE ON RESPIRATOR STATUS	26,372.80
189						
190				V46.11	DEPENDENCE ON RESPIRATOR STATUS	573,692.05
191						
192				V46.11	DEPENDENCE ON RESPIRATOR STATUS	8,451.00
193						
194				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,625,777.75
195						
196				V46.11	DEPENDENCE ON RESPIRATOR STATUS	349,414.50
197						
198				V46.11	DEPENDENCE ON RESPIRATOR STATUS	69,619.75
199						
200				V46.11	DEPENDENCE ON RESPIRATOR STATUS	61,787.05
201						
202				V46.11	DEPENDENCE ON RESPIRATOR STATUS	251,188.55
203						
204				V46.11	DEPENDENCE ON RESPIRATOR STATUS	82,514.90
205						
206				V46.11	DEPENDENCE ON RESPIRATOR STATUS	75,996.25
207						
208						
209				V46.11	DEPENDENCE ON RESPIRATOR STATUS	652,678.70

	G	H	I	J	K	L	M	N
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2	**DX_POS**	**ACCT_CLASS**	**ADM_DATE**	**DISCH_DATE**	**LOB_NAME**	**DRG_NUMBER**	**DRG_DESCRIPTION**	**ATTENDING_PROV_ID**
181			REDACTED					REDACTED
182	5	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
183								
184	4	Inpatient			KP Traditional	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	
185								
186	3	Inpatient			Medicaid	100	SEIZURES W MCC	
187								
188	3	Inpatient			Medicaid	100	SEIZURES W MCC	
189								
190	14	Inpatient			KP Traditional	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
191								
192	2	Inpatient			Medicaid	206	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	
193								
194	10	Inpatient			KP Traditional	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
195								
196	5	Inpatient			TPL Non-Lien	963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	
197								
198	9	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
199								
200	7	Inpatient			KP Traditional	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
201								
202	5	Inpatient			KP DHMO	864	FEVER	
203								
204	5	Inpatient			KP DHMO	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
205								
206	8	Inpatient			Medicare Advantage	091	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	
207								
208								
209	13	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
181	REDACTED	
182		Transfer from a Hospital (Different Facility)
183		
184		Non-Health Care Facility Point of Origin
185		
186		Transfer from a Hospital (Different Facility)
187		
188		Transfer from a Hospital (Different Facility)
189		
190		Transfer from a Hospital (Different Facility)
191		
192		Non-Health Care Facility Point of Origin
193		
194		Transfer from a Hospital (Different Facility)
195		
196		Transfer from a Hospital (Different Facility)
197		
198		Transfer from a Hospital (Different Facility)
199		
200		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
201		
202		Transfer from a Hospital (Different Facility)
203		
204		Transfer from a Hospital (Different Facility)
205		
206		Transfer from a Hospital (Different Facility)
207		
208		
209		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
181		
182	SN/IC - D/T to SNF with Medicare Certification	E
183		
184	SN/IC - D/T to SNF with Medicare Certification	E
185		
186	HOME - Discharge to Home or Self Care (Routine Discharge)	E
187		
188	HOME - Discharge to Home or Self Care (Routine Discharge)	E
189		
190	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
191		
192	HOME - Discharge to Home or Self Care (Routine Discharge)	E
193		
194	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
195		
196	SN/IC - D/T to SNF with Medicare Certification	E
197		
198	DIED - Expired	E
199		
200	SN/IC - D/T to SNF with Medicare Certification	E
201		
202	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
203		
204	DIED - Expired	E
205		
206	DIED - Expired	E
207		
208		
209	SN/IC - D/T to SNF with Medicare Certification	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
210	[redacted]	REDACTED	[redacted]			
211				V46.11	DEPENDENCE ON RESPIRATOR STATUS	68,296.70
212						
213				V46.11	DEPENDENCE ON RESPIRATOR STATUS	11,014.60
214						
215				V46.11	DEPENDENCE ON RESPIRATOR STATUS	895,714.85
216						
217				V46.11	DEPENDENCE ON RESPIRATOR STATUS	67,381.45
218						
219				V46.11	DEPENDENCE ON RESPIRATOR STATUS	106,774.55
220						
221						
222				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,995.80
223						
224				V46.11	DEPENDENCE ON RESPIRATOR STATUS	527,608.95
225						
226				V46.11	DEPENDENCE ON RESPIRATOR STATUS	44,691.25
227						
228				V46.11	DEPENDENCE ON RESPIRATOR STATUS	63,863.40
229						
230				V46.11	DEPENDENCE ON RESPIRATOR STATUS	237,802.15
231						
232						
233				V46.11	DEPENDENCE ON RESPIRATOR STATUS	384,431.17
234						
235				V46.11	DEPENDENCE ON RESPIRATOR STATUS	137,666.25
236						
237				V46.11	DEPENDENCE ON RESPIRATOR STATUS	28,050.15

	G	H	I	J	K	L	M	N
1								
2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
210			REDACTED					REDACTED
211	5	Inpatient			Medicare Advantage	070	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	
212								
213	2	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
214								
215	16	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
216								
217	4	Inpatient			Medicaid	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
218								
219	3	Inpatient			KP Traditional	091	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	
220								
221								
222	21	Emergency			Medicare Advantage	UNK	Unknown DRG	
223								
224	7	Inpatient			Medicare Advantage	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
225								
226	4	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
227								
228	4	Inpatient			Medicare Unassigned	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
229								
230	16	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
231								
232								
233	9	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
234								
235	4	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
236								
237	3	Inpatient			KP DHMO	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
210	REDACTED	
211		Non-Health Care Facility Point of Origin
212		
213		Transfer from a Hospital (Different Facility)
214		
215		Non-Health Care Facility Point of Origin
216		
217		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
218		
219		Transfer from a Hospital (Different Facility)
220		
221		
222		Non-Health Care Facility Point of Origin
223		
224		Transfer from a Hospital (Different Facility)
225		
226		Transfer from a Hospital (Different Facility)
227		
228		Transfer from a Hospital (Different Facility)
229		
230		Transfer from a Hospital (Different Facility)
231		
232		
233		Non-Health Care Facility Point of Origin
234		
235		Non-Health Care Facility Point of Origin
236		
237		Transfer from a Hospital (Different Facility)

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
210		
211	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
212		
213	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
214		
215	SN/IC - D/T to SNF with Medicare Certification	E
216		
217	DIED - Expired	E
218		
219	SN/IC - D/T to SNF with Medicare Certification	E
220		
221		
222	HOME - Discharge to Home or Self Care (Routine Discharge)	
223		
224	HOME HEALTH SERVICES - Discharge to Home Hospice	E
225		
226	HOME - Discharge to Home or Self Care (Routine Discharge)	E
227		
228	SN/IC - D/T to SNF with Medicare Certification	E
229		
230	DIED - Expired	E
231		
232		
233	DIED - Expired	E
234		
235	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
236		
237	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
238	[redacted]	REDACTED	[redacted]			
239				V46.11	DEPENDENCE ON RESPIRATOR STATUS	122,383.23
240						
241				V46.11	DEPENDENCE ON RESPIRATOR STATUS	78,590.05
242						
243				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,086,866.40
244						
245				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,266,839.70
246						
247				V46.11	DEPENDENCE ON RESPIRATOR STATUS	114,533.05
248						
249				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,451,308.70
250						
251				V46.11	DEPENDENCE ON RESPIRATOR STATUS	164,542.15
252						
253				V46.11	DEPENDENCE ON RESPIRATOR STATUS	172,039.93
254						
255				V46.11	DEPENDENCE ON RESPIRATOR STATUS	141,822.10
256						
257				V46.11	DEPENDENCE ON RESPIRATOR STATUS	190,605.45
258						
259				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,298.85
260						
261				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,323.60
262						
263				V46.11	DEPENDENCE ON RESPIRATOR STATUS	452,948.50
264						
265				V46.11	DEPENDENCE ON RESPIRATOR STATUS	89,233.55
266						

	G	H	I	J	K	L	M	N
1								
2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
238			REDACTED					REDACTED
239	3	Inpatient			Medicare Advantage	668	TRANSURETHRAL PROCEDURES W MCC	
240								
241	2	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
242								
243	13	Newborn			Medicaid	789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	
244								
245	5	Inpatient			Medicaid	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
246								
247	3	Inpatient			Medicare Unassigned	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
248								
249	18	Newborn			KP Traditional	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
250								
251	10	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
252								
253	3	Inpatient			Medicare Advantage	163	MAJOR CHEST PROCEDURES W MCC	
254								
255	9	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
256								
257	10	Inpatient			Medicare Advantage	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	
258								
259	16	Emergency			Medicare Advantage	UNK	Unknown DRG	
260								
261	14	Emergency			Medicare Advantage	UNK	Unknown DRG	
262								
263	5	Inpatient			KP Traditional	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
264								
265	13	Inpatient			Medicaid	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
266								

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
238	REDACTED	
239		Non-Health Care Facility Point of Origin
240		
241		Non-Health Care Facility Point of Origin
242		
243		Born Inside this Hospital
244		
245		Transfer from a Hospital (Different Facility)
246		
247		Non-Health Care Facility Point of Origin
248		
249		Born Inside this Hospital
250		
251		Non-Health Care Facility Point of Origin
252		
253		Non-Health Care Facility Point of Origin
254		
255		Transfer from a Hospital (Different Facility)
256		
257		Non-Health Care Facility Point of Origin
258		
259		Clinic or Physician's Office
260		
261		Non-Health Care Facility Point of Origin
262		
263		Non-Health Care Facility Point of Origin
264		
265		Non-Health Care Facility Point of Origin
266		

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
238		
239	HOME - Discharge to Home or Self Care (Routine Discharge)	E
240		
241	HOME - Discharge to Home or Self Care (Routine Discharge)	E
242		
243	DIED - Expired	E
244		
245	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
246		
247	SN/IC - D/T to SNF with Medicare Certification	E
248		
249	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
250		
251	DIED - Expired	E
252		
253	HOME - Discharge to Home or Self Care (Routine Discharge)	E
254		
255	DIED - Expired	E
256		
257	DIED - Expired	Y
258		
259	HOME - Discharge to Home or Self Care (Routine Discharge)	
260		
261	HOME - Discharge to Home or Self Care (Routine Discharge)	
262		
263	HOME - Discharge to Home or Self Care (Routine Discharge)	E
264		
265	Acute Care to Another Hosp-D/T to Critical Access Hosp (Rural Hosp)	E
266		

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
267	[redacted]	REDACTED	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	45,918.10
268						
269				V46.11	DEPENDENCE ON RESPIRATOR STATUS	18,007.80
270						
271				V46.11	DEPENDENCE ON RESPIRATOR STATUS	59,117.35
272						
273				V46.11	DEPENDENCE ON RESPIRATOR STATUS	14,202.10
274						
275				V46.11	DEPENDENCE ON RESPIRATOR STATUS	99,083.35
276						
277				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,308.90
278						
279				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,391.70
280						
281				V46.11	DEPENDENCE ON RESPIRATOR STATUS	8,410.00
282						
283				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,921.00
284						
285						
286				V46.11	DEPENDENCE ON RESPIRATOR STATUS	183,786.72
287						
288				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,891,992.77
289						
290				V46.11	DEPENDENCE ON RESPIRATOR STATUS	505,810.11
291						
292				V46.11	DEPENDENCE ON RESPIRATOR STATUS	269,760.10
293						
294				V46.11	DEPENDENCE ON RESPIRATOR STATUS	155,435.20
295						

	G	H	I	J	K	L	M	N
1								
2	**DX_POS**	**ACCT_CLASS**	**ADM_DATE**	**DISCH_DATE**	**LOB_NAME**	**DRG_NUMBER**	**DRG_DESCRIPTION**	**ATTENDING_PROV_ID**
267	4	Inpatient	REDACTED		KP DHMO	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	REDACTED
268								
269	2	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
270								
271	12	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
272								
273	5	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
274								
275	6	Inpatient			KP Traditional	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
276								
277	2	Outpatient			Medicaid	UNK	Unknown DRG	
278								
279	11	Emergency			Medicaid	UNK	Unknown DRG	
280								
281	13	Emergency			KP Traditional	UNK	Unknown DRG	
282								
283	15	Emergency			Medicare Advantage	UNK	Unknown DRG	
284								
285								
286	10	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
287								
288	3	Inpatient			Medicare Advantage	673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	
289								
290	11	Inpatient			KP Traditional	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
291								
292	13	Inpatient			KP Medicaid	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
293								
294	5	Inpatient			Medicare Advantage	963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	
295								

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1		
2	**PROV_NAME**	**ADMIT_SRC**
267	REDACTED	Non-Health Care Facility Point of Origin
268		
269		Clinic or Physician's Office
270		
271		Transfer from a Hospital (Different Facility)
272		
273		Transfer from a Hospital (Different Facility)
274		
275		Transfer from a Hospital (Different Facility)
276		
277		Non-Health Care Facility Point of Origin
278		
279		Non-Health Care Facility Point of Origin
280		
281		Non-Health Care Facility Point of Origin
282		
283		Non-Health Care Facility Point of Origin
284		
285		
286		Transfer from a Hospital (Different Facility)
287		
288		Non-Health Care Facility Point of Origin
289		
290		Clinic or Physician's Office
291		
292		Non-Health Care Facility Point of Origin
293		
294		Transfer from Another Health Care Facility
295		

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
267	DIED - Expired	E
268		
269	HOME - Discharge to Home or Self Care (Routine Discharge)	E
270		
271	SN/IC - D/T to SNF with Medicare Certification	E
272		
273	DIED - Expired	E
274		
275	DIED - Expired	E
276		
277	HOME - Discharge to Home or Self Care (Routine Discharge)	
278		
279	HOME - Discharge to Home or Self Care (Routine Discharge)	
280		
281	OTHER CARE AT ANOTHER HOSP - D/T to a psych hosp or psych distinct part unit of a hos	
282		
283	HOME - Discharge to Home or Self Care (Routine Discharge)	
284		
285		
286	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
287		
288	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
289		
290	SN/IC - D/T to SNF with Medicare Certification	E
291		
292	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
293		
294	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E
295		

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
296	[redacted]	REDACTED	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	405,763.06
297						
298				V46.11	DEPENDENCE ON RESPIRATOR STATUS	128,442.15
299						
300				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,416.00
301						
302				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,784.00
303						
304				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,165.25
305						
306				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,600.45
307						
308				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,445.50
309						
310				V46.11	DEPENDENCE ON RESPIRATOR STATUS	16,246.90
311						
312				V46.11	DEPENDENCE ON RESPIRATOR STATUS	204,147.36
313						
314				V46.11	DEPENDENCE ON RESPIRATOR STATUS	593,714.60
315						
316				V46.11	DEPENDENCE ON RESPIRATOR STATUS	109,515.65
317						
318				V46.11	DEPENDENCE ON RESPIRATOR STATUS	760,488.05
319						
320						
321				V46.11	DEPENDENCE ON RESPIRATOR STATUS	17,989.45
322						
323						
324				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,287,286.66
325				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
326						
327				V46.11	DEPENDENCE ON RESPIRATOR STATUS	277,920.15
328						

	G	H	I	J	K	L	M	N
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2	**DX_POS**	**ACCT_CLASS**	**ADM_DATE**	**DISCH_DATE**	**LOB_NAME**	**DRG_NUMBER**	**DRG_DESCRIPTION**	**ATTENDING_PROV_ID**
296	10	Inpatient	REDACTED		Medicaid	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	REDACTED
297								
298	4	Inpatient			Medicare Advantage	052	SPINAL DISORDERS & INJURIES W CC/MCC	
299								
300	22	Emergency			Medicare Advantage	UNK	Unknown DRG	
301								
302	7	Emergency			KP DHMO	UNK	Unknown DRG	
303								
304	6	Emergency			Medicare Advantage	UNK	Unknown DRG	
305								
306	7	Emergency			Medicare Advantage	UNK	Unknown DRG	
307								
308	21	Emergency			Medicare Advantage	UNK	Unknown DRG	
309								
310	16	Hospital Ambulatory Surgery			KP Traditional	UNK	Unknown DRG	
311								
312	9	Inpatient			KP DHMO	459	SPINAL FUSION EXCEPT CERVICAL W MCC	
313								
314	11	Inpatient			KP Traditional	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	
315								
316	16	Inpatient			Medicare Advantage	974	HIV W MAJOR RELATED CONDITION W MCC	
317								
318	25	Inpatient			Medicaid	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
319								
320								
321	5	Inpatient			KP Medicaid	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	
322								
323								
324	23	Inpatient			Medicare Cost	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
325	23							
326								
327	5	Inpatient			Self Funding	963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	
328								

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1		
2	**PROV_NAME**	**ADMIT_SRC**
296	REDACTED	Transfer from a Hospital (Different Facility)
297		
298		Transfer from a Hospital (Different Facility)
299		
300		Transfer from Another Health Care Facility
301		
302		Non-Health Care Facility Point of Origin
303		
304		Non-Health Care Facility Point of Origin
305		
306		Non-Health Care Facility Point of Origin
307		
308		Non-Health Care Facility Point of Origin
309		
310		Non-Health Care Facility Point of Origin
311		
312		Transfer from Another Health Care Facility
313		
314		Transfer from a Hospital (Different Facility)
315		
316		Non-Health Care Facility Point of Origin
317		
318		Non-Health Care Facility Point of Origin
319		
320		
321		Transfer from Another Health Care Facility
322		
323		
324		Non-Health Care Facility Point of Origin
325		
326		
327		Transfer from a Hospital (Different Facility)
328		

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
296	SN/IC - D/T to SNF with Medicare Certification	E
297		
298	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E
299		
300	HOME - Discharge to Home or Self Care (Routine Discharge)	
301		
302	HOME - Discharge to Home or Self Care (Routine Discharge)	
303		
304	HOME - Discharge to Home or Self Care (Routine Discharge)	
305		
306	HOME - Discharge to Home or Self Care (Routine Discharge)	
307		
308	HOME - Discharge to Home or Self Care (Routine Discharge)	
309		
310	HOME - Discharge to Home or Self Care (Routine Discharge)	
311		
312	OTHER CARE TO ANOTHER HOSP - D/T to Another Type	E
313		
314	SN/IC - D/T to SNF with Medicare Certification	E
315		
316	DIED - Expired	E
317		
318	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
319		
320		
321	HOME - Discharge to Home or Self Care (Routine Discharge)	E
322		
323		
324	ACUTE CARE W/I THIS HOSP - Admitted as an Inpt to this Hosp	E
325	DIED - Expired	E
326		
327	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E
328		

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
329	[redacted]	REDACTED	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	226,483.36
330						
331				V46.11	DEPENDENCE ON RESPIRATOR STATUS	27,107.26
332						
333				V46.11	DEPENDENCE ON RESPIRATOR STATUS	144,522.05
334						
335				V46.11	DEPENDENCE ON RESPIRATOR STATUS	243,325.51
336						
337				V46.11	DEPENDENCE ON RESPIRATOR STATUS	128,814.00
338				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
339						
340				V46.11	DEPENDENCE ON RESPIRATOR STATUS	208,120.02
341						
342				V46.11	DEPENDENCE ON RESPIRATOR STATUS	363,724.31
343						
344				V46.11	DEPENDENCE ON RESPIRATOR STATUS	64,833.73
345						
346						
347				V46.11	DEPENDENCE ON RESPIRATOR STATUS	386,907.65
348						
349				V46.11	DEPENDENCE ON RESPIRATOR STATUS	213,608.95
350						
351				V46.11	DEPENDENCE ON RESPIRATOR STATUS	70,397.10
352						
353				V46.11	DEPENDENCE ON RESPIRATOR STATUS	11,274.90
354						
355				V46.11	DEPENDENCE ON RESPIRATOR STATUS	87,260.30

	G	H	I	J	K	L	M	N
1								
2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
329	7	Inpatient	REDACTED		Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	REDACTED
330								
331	3	Inpatient			KP Traditional	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
332								
333	12	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
334								
335	11	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
336								
337	5	Inpatient			Medicare Advantage	698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	
338	5							
339								
340	8	Inpatient			Medicare	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
341								
342	18	Inpatient			KP Traditional	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
343								
344	6	Inpatient			Medicare Advantage	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	
345								
346								
347	9	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
348								
349	5	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
350								
351	7	Inpatient			Medicare Advantage	417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	
352								
353	4	Inpatient			KP Medicaid	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
354								
355	6	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	

	O	P
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2	**PROV_NAME**	**ADMIT_SRC**
329	REDACTED	Transfer from a Hospital (Different Facility)
330		
331		Non-Health Care Facility Point of Origin
332		
333		Transfer from a Hospital (Different Facility)
334		
335		Non-Health Care Facility Point of Origin
336		
337		Transfer from a Hospital (Different Facility)
338		
339		
340		Non-Health Care Facility Point of Origin
341		
342		Non-Health Care Facility Point of Origin
343		
344		Non-Health Care Facility Point of Origin
345		
346		
347		Non-Health Care Facility Point of Origin
348		
349		Transfer from a Hospital (Different Facility)
350		
351		Non-Health Care Facility Point of Origin
352		
353		Non-Health Care Facility Point of Origin
354		
355		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
329	SN/IC - D/T to SNF with Medicare Certification	E
330		
331	RESIDENTIAL CARE - Discharge to Home or Self Care (Routine Discharge)	E
332		
333	HOME - Discharge to Home or Self Care (Routine Discharge)	E
334		
335	SN/IC - D/T to SNF with Medicare Certification	E
336		
337	SN/IC - D/T to SNF with Medicare Certification	E
338	HOME - Discharge to Home or Self Care (Routine Discharge)	E
339		
340	DIED - Expired	E
341		
342	DIED - Expired	E
343		
344	DIED - Expired	E
345		
346		
347	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
348		
349	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
350		
351	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
352		
353	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
354		
355	DIED - Expired	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
356	[redacted]	REDACTED	[redacted]			
357				V46.11	DEPENDENCE ON RESPIRATOR STATUS	75,942.95
358						
359				V46.11	DEPENDENCE ON RESPIRATOR STATUS	51,009.15
360						
361						
362				V46.11	DEPENDENCE ON RESPIRATOR STATUS	663.20
363						
364				V46.11	DEPENDENCE ON RESPIRATOR STATUS	675.15
365						
366				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,506.60
367						
368				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,296.00
369						
370				V46.11	DEPENDENCE ON RESPIRATOR STATUS	600.45
371						
372				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,161.55
373						
374				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,855.40
375						
376				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,394.45
377						
378				V46.11	DEPENDENCE ON RESPIRATOR STATUS	667.00
379						
380				V46.11	DEPENDENCE ON RESPIRATOR STATUS	667.70
381						
382				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,245.85
383						
384				V46.11	DEPENDENCE ON RESPIRATOR STATUS	605.50
385						
386				V46.11	DEPENDENCE ON RESPIRATOR STATUS	600.45
387						
388				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,933.45
389						
390				V46.11	DEPENDENCE ON RESPIRATOR STATUS	600.45
391						
392				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,196.00
393						

	G	H	I	J	K	L	M	N
1								
2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
356			REDACTED					REDACTED
357	7	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
358								
359	9	Inpatient			KP Medicaid	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
360								
361								
362	6	Outpatient			KP Traditional	UNK	Unknown DRG	
363								
364	7	Outpatient			KP Traditional	UNK	Unknown DRG	
365								
366	7	Outpatient			KP Traditional	UNK	Unknown DRG	
367								
368	7	Outpatient			KP Traditional	UNK	Unknown DRG	
369								
370	8	Outpatient			KP Traditional	UNK	Unknown DRG	
371								
372	9	Outpatient			KP Traditional	UNK	Unknown DRG	
373								
374	14	Outpatient			KP Traditional	UNK	Unknown DRG	
375								
376	5	Outpatient			KP Traditional	UNK	Unknown DRG	
377								
378	11	Outpatient			KP Traditional	UNK	Unknown DRG	
379								
380	3	Outpatient			KP Traditional	UNK	Unknown DRG	
381								
382	11	Outpatient			KP Traditional	UNK	Unknown DRG	
383								
384	12	Outpatient			KP Traditional	UNK	Unknown DRG	
385								
386	3	Outpatient			KP Traditional	UNK	Unknown DRG	
387								
388	13	Outpatient			KP Traditional	UNK	Unknown DRG	
389								
390	8	Outpatient			KP Traditional	UNK	Unknown DRG	
391								
392	14	Outpatient			KP Traditional	UNK	Unknown DRG	
393								

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
356	REDACTED	
357		Non-Health Care Facility Point of Origin
358		
359		Non-Health Care Facility Point of Origin
360		
361		
362		Non-Health Care Facility Point of Origin
363		
364		Non-Health Care Facility Point of Origin
365		
366		Non-Health Care Facility Point of Origin
367		
368		Non-Health Care Facility Point of Origin
369		
370		Non-Health Care Facility Point of Origin
371		
372		Non-Health Care Facility Point of Origin
373		
374		Non-Health Care Facility Point of Origin
375		
376		Non-Health Care Facility Point of Origin
377		
378		Non-Health Care Facility Point of Origin
379		
380		Non-Health Care Facility Point of Origin
381		
382		Non-Health Care Facility Point of Origin
383		
384		Non-Health Care Facility Point of Origin
385		
386		Non-Health Care Facility Point of Origin
387		
388		Non-Health Care Facility Point of Origin
389		
390		Non-Health Care Facility Point of Origin
391		
392		Non-Health Care Facility Point of Origin
393		

	Q	R
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2	**DISCH_DISPOSITION**	**POA**
356		
357	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
358		
359	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
360		
361		
362	HOME - Discharge to Home or Self Care (Routine Discharge)	
363		
364	HOME - Discharge to Home or Self Care (Routine Discharge)	
365		
366	HOME - Discharge to Home or Self Care (Routine Discharge)	
367		
368	HOME - Discharge to Home or Self Care (Routine Discharge)	
369		
370	HOME - Discharge to Home or Self Care (Routine Discharge)	
371		
372	HOME - Discharge to Home or Self Care (Routine Discharge)	
373		
374	HOME - Discharge to Home or Self Care (Routine Discharge)	
375		
376	HOME - Discharge to Home or Self Care (Routine Discharge)	
377		
378	HOME - Discharge to Home or Self Care (Routine Discharge)	
379		
380	HOME - Discharge to Home or Self Care (Routine Discharge)	
381		
382	HOME - Discharge to Home or Self Care (Routine Discharge)	
383		
384	HOME - Discharge to Home or Self Care (Routine Discharge)	
385		
386	HOME - Discharge to Home or Self Care (Routine Discharge)	
387		
388	HOME - Discharge to Home or Self Care (Routine Discharge)	
389		
390	HOME - Discharge to Home or Self Care (Routine Discharge)	
391		
392	HOME - Discharge to Home or Self Care (Routine Discharge)	
393		

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
394	[redacted]	REDACTED	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,308.45
395						
396				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,166.45
397						
398				V46.11	DEPENDENCE ON RESPIRATOR STATUS	958.45
399						
400				V46.11	DEPENDENCE ON RESPIRATOR STATUS	5,422.05
401						
402				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,060,434.29
403						
404				V46.11	DEPENDENCE ON RESPIRATOR STATUS	586,482.00
405						
406				V46.11	DEPENDENCE ON RESPIRATOR STATUS	529,168.65
407						
408				V46.11	DEPENDENCE ON RESPIRATOR STATUS	418,771.83
409						
410				V46.11	DEPENDENCE ON RESPIRATOR STATUS	18,361.55
411						
412				V46.11	DEPENDENCE ON RESPIRATOR STATUS	25,440.50
413						
414				V46.11	DEPENDENCE ON RESPIRATOR STATUS	48,928.95
415						
416				V46.11	DEPENDENCE ON RESPIRATOR STATUS	36,248.95
417						
418				V46.11	DEPENDENCE ON RESPIRATOR STATUS	34,290.85
419						
420				V46.11	DEPENDENCE ON RESPIRATOR STATUS	68,836.65
421						
422				V46.11	DEPENDENCE ON RESPIRATOR STATUS	86,578.50
423						

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2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
394	17	Outpatient	REDACTED		KP Traditional	UNK	Unknown DRG	REDACTED
395								
396	8	Outpatient			KP Traditional	UNK	Unknown DRG	
397								
398	5	Outpatient			KP Traditional	UNK	Unknown DRG	
399								
400	12	Emergency			Self Funding	UNK	Unknown DRG	
401								
402	16	Inpatient			KP Traditional	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
403								
404	13	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
405								
406	13	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
407								
408	10	Inpatient			Medicare	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
409								
410	7	Inpatient			KP Traditional	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
411								
412	5	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
413								
414	7	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
415								
416	3	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
417								
418	5	Inpatient			Medicare Advantage	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	
419								
420	15	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
421								
422	9	Inpatient			Medicare Advantage	389	G.I. OBSTRUCTION W CC	
423								

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2	**PROV_NAME**	**ADMIT_SRC**
394	REDACTED	Non-Health Care Facility Point of Origin
395		
396		Non-Health Care Facility Point of Origin
397		
398		Non-Health Care Facility Point of Origin
399		
400		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
401		
402		Non-Health Care Facility Point of Origin
403		
404		Non-Health Care Facility Point of Origin
405		
406		Non-Health Care Facility Point of Origin
407		
408		Transfer from a Hospital (Different Facility)
409		
410		Non-Health Care Facility Point of Origin
411		
412		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
413		
414		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
415		
416		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
417		
418		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
419		
420		Non-Health Care Facility Point of Origin
421		
422		Non-Health Care Facility Point of Origin
423		

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
394	HOME - Discharge to Home or Self Care (Routine Discharge)	
395		
396	HOME - Discharge to Home or Self Care (Routine Discharge)	
397		
398	HOME - Discharge to Home or Self Care (Routine Discharge)	
399		
400	SN/IC - D/T to a Nursing Facility Certified under Medicaid but not Certified under Me	
401		
402	SN/IC - D/T to SNF with Medicare Certification	E
403		
404	DIED - Expired	E
405		
406	DIED - Expired	E
407		
408	SN/IC - D/T to SNF with Medicare Certification	E
409		
410	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
411		
412	SN/IC - D/T to SNF with Medicare Certification	E
413		
414	SN/IC - D/T to SNF with Medicare Certification	E
415		
416	SN/IC - D/T to SNF with Medicare Certification	E
417		
418	SN/IC - D/T to SNF with Medicare Certification	E
419		
420	SN/IC - D/T to SNF with Medicare Certification	E
421		
422	SN/IC - D/T to SNF with Medicare Certification	E
423		

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
424	[redacted]	REDACTED	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	9,684.45
425						
426				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,984,766.29
427						
428				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,268,755.15
429						
430				V46.11	DEPENDENCE ON RESPIRATOR STATUS	50,287.30
431						
432				V46.11	DEPENDENCE ON RESPIRATOR STATUS	52,549.20
433						
434				V46.11	DEPENDENCE ON RESPIRATOR STATUS	50,465.30
435						
436				V46.11	DEPENDENCE ON RESPIRATOR STATUS	47,042.45
437						
438				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,190,442.90
439						
440				V46.11	DEPENDENCE ON RESPIRATOR STATUS	146,234.85
441						
442				V46.11	DEPENDENCE ON RESPIRATOR STATUS	424,158.25
443						
444				V46.11	DEPENDENCE ON RESPIRATOR STATUS	107,565.75
445						
446				V46.11	DEPENDENCE ON RESPIRATOR STATUS	242,638.60
447						
448				V46.11	DEPENDENCE ON RESPIRATOR STATUS	181,449.20
449						
450				V46.11	DEPENDENCE ON RESPIRATOR STATUS	81,935.50
451						
452				V46.11	DEPENDENCE ON RESPIRATOR STATUS	6,307.20

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2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
424	3	Inpatient	REDACTED		KP Traditional	642	INBORN AND OTHER DISORDERS OF METABOLISM	REDACTED
425								
426	31	Inpatient			KP Traditional	326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	
427								
428	21	Inpatient			Medicare Advantage	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
429								
430	3	Inpatient			Medicare Advantage	388	G.I. OBSTRUCTION W MCC	
431								
432	4	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
433								
434	2	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
435								
436	8	Inpatient			Medicare Advantage	698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	
437								
438	17	Inpatient			Medicare Advantage	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	
439								
440	4	Inpatient			Medicare Advantage	291	HEART FAILURE & SHOCK W MCC	
441								
442	13	Inpatient			Medicare Advantage	231	CORONARY BYPASS W PTCA W MCC	
443								
444	3	Inpatient			Commercial	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
445								
446	4	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
447								
448	6	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
449								
450	4	Inpatient			KP Traditional	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
451								
452	3	Observation			KP Traditional	UNK	Unknown DRG	

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2	**PROV_NAME**	**ADMIT_SRC**
424	REDACTED	Non-Health Care Facility Point of Origin
425		
426		Non-Health Care Facility Point of Origin
427		
428		Non-Health Care Facility Point of Origin
429		
430		Non-Health Care Facility Point of Origin
431		
432		Non-Health Care Facility Point of Origin
433		
434		Non-Health Care Facility Point of Origin
435		
436		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
437		
438		Transfer from a Hospital (Different Facility)
439		
440		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
441		
442		Transfer from a Hospital (Different Facility)
443		
444		Non-Health Care Facility Point of Origin
445		
446		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
447		
448		Non-Health Care Facility Point of Origin
449		
450		Non-Health Care Facility Point of Origin
451		
452		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
424	HOME - Discharge to Home or Self Care (Routine Discharge)	E
425		
426	DIED - Expired	N
427		
428	SN/IC - D/T to SNF with Medicare Certification	E
429		
430	DIED - Expired	E
431		
432	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
433		
434	SN/IC - D/T to SNF with Medicare Certification	E
435		
436	SN/IC - D/T to SNF with Medicare Certification	E
437		
438	SN/IC - D/T to SNF with Medicare Certification	E
439		
440	SN/IC - D/T to SNF with Medicare Certification	E
441		
442	SN/IC - D/T to SNF with Medicare Certification	E
443		
444	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
445		
446	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
447		
448	SN/IC - D/T to SNF with Medicare Certification	E
449		
450	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
451		
452	HOME - Discharge to Home or Self Care (Routine Discharge)	

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
453	[redacted]	REDACTED	[redacted]			
454				V46.11	DEPENDENCE ON RESPIRATOR STATUS	12,812.25
455						
456				V46.11	DEPENDENCE ON RESPIRATOR STATUS	663,047.00
457						
458				V46.11	DEPENDENCE ON RESPIRATOR STATUS	603.80
459						
460				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,474.80
461						
462				V46.11	DEPENDENCE ON RESPIRATOR STATUS	663.65
463						
464				V46.11	DEPENDENCE ON RESPIRATOR STATUS	600.45
465						
466				V46.11	DEPENDENCE ON RESPIRATOR STATUS	99,232.80
467						
468				V46.11	DEPENDENCE ON RESPIRATOR STATUS	6,770.45
469						
470				V46.11	DEPENDENCE ON RESPIRATOR STATUS	9,164.45
471						
472				V46.11	DEPENDENCE ON RESPIRATOR STATUS	7,290.45
473						
474				V46.11	DEPENDENCE ON RESPIRATOR STATUS	7,229.85
475						
476				V46.11	DEPENDENCE ON RESPIRATOR STATUS	7,290.45
477						
478				V46.11	DEPENDENCE ON RESPIRATOR STATUS	61,057.35
479						
480				V46.11	DEPENDENCE ON RESPIRATOR STATUS	515,021.70
481						
482				V46.11	DEPENDENCE ON RESPIRATOR STATUS	11,047.25

	G	H	I	J	K	L	M	N
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2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
453			REDACTED					REDACTED
454	2	Inpatient			KP Traditional	642	INBORN AND OTHER DISORDERS OF METABOLISM	
455								
456	6	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
457								
458	13	Outpatient			KP Traditional	UNK	Unknown DRG	
459								
460	16	Outpatient			KP Traditional	UNK	Unknown DRG	
461								
462	16	Outpatient			KP Traditional	UNK	Unknown DRG	
463								
464	3	Outpatient			KP Traditional	UNK	Unknown DRG	
465								
466	6	Inpatient			Medicaid	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
467								
468	2	Inpatient			KP Traditional	642	INBORN AND OTHER DISORDERS OF METABOLISM	
469								
470	2	Inpatient			KP Traditional	642	INBORN AND OTHER DISORDERS OF METABOLISM	
471								
472	2	Inpatient			KP Traditional	642	INBORN AND OTHER DISORDERS OF METABOLISM	
473								
474	16	Observation			Medicare Advantage	UNK	Unknown DRG	
475								
476	2	Inpatient			KP Traditional	642	INBORN AND OTHER DISORDERS OF METABOLISM	
477								
478	11	Inpatient			KP Traditional	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
479								
480	6	Inpatient			Medicare Advantage	056	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	
481								
482	2	Inpatient			KP Traditional	092	OTHER DISORDERS OF NERVOUS SYSTEM W CC	

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2	**PROV_NAME**	**ADMIT_SRC**
453	REDACTED	
454		Non-Health Care Facility Point of Origin
455		
456		Transfer from a Hospital (Different Facility)
457		
458		Non-Health Care Facility Point of Origin
459		
460		Non-Health Care Facility Point of Origin
461		
462		Non-Health Care Facility Point of Origin
463		
464		Non-Health Care Facility Point of Origin
465		
466		Non-Health Care Facility Point of Origin
467		
468		Non-Health Care Facility Point of Origin
469		
470		Non-Health Care Facility Point of Origin
471		
472		Non-Health Care Facility Point of Origin
473		
474		Non-Health Care Facility Point of Origin
475		
476		Non-Health Care Facility Point of Origin
477		
478		Non-Health Care Facility Point of Origin
479		
480		Transfer from a Hospital (Different Facility)
481		
482		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
453		
454	HOME - Discharge to Home or Self Care (Routine Discharge)	E
455		
456	SN/IC - D/T to SNF with Medicare Certification	E
457		
458	HOME - Discharge to Home or Self Care (Routine Discharge)	
459		
460	HOME - Discharge to Home or Self Care (Routine Discharge)	
461		
462	HOME - Discharge to Home or Self Care (Routine Discharge)	
463		
464	HOME - Discharge to Home or Self Care (Routine Discharge)	
465		
466	ACUTE CARE TO ANOTHER HOSP-D/T to a Medicare Certified Long Term Care Hosp (LTCH)	E
467		
468	HOME - Discharge to Home or Self Care (Routine Discharge)	E
469		
470	HOME - Discharge to Home or Self Care (Routine Discharge)	E
471		
472	HOME - Discharge to Home or Self Care (Routine Discharge)	E
473		
474	HOME - Discharge to Home or Self Care (Routine Discharge)	
475		
476	HOME - Discharge to Home or Self Care (Routine Discharge)	E
477		
478	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
479		
480	SN/IC - D/T to SNF with Medicare Certification	E
481		
482	HOME - Discharge to Home or Self Care (Routine Discharge)	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
483	[redacted]	REDACTED	[redacted]			
484				V46.11	DEPENDENCE ON RESPIRATOR STATUS	75,800.95
485						
486						
487				V46.11	DEPENDENCE ON RESPIRATOR STATUS	79,580.45
488						
489				V46.11	DEPENDENCE ON RESPIRATOR STATUS	21,438.60
490						
491				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,307.00
492						
493						
494				V46.11	DEPENDENCE ON RESPIRATOR STATUS	574,501.05
495						
496				V46.11	DEPENDENCE ON RESPIRATOR STATUS	48,073.50
497						
498				V46.11	DEPENDENCE ON RESPIRATOR STATUS	54,961.95
499						
500				V46.11	DEPENDENCE ON RESPIRATOR STATUS	190,824.00
501						
502				V46.11	DEPENDENCE ON RESPIRATOR STATUS	548,269.25
503						
504				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,337.10
505						
506				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,062.50
507						
508				V46.11	DEPENDENCE ON RESPIRATOR STATUS	5,635.95
509						
510				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,748.90
511						
512				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,015.35
513						
514				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,496.40
515						
516				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,528.75

	G	H	I	J	K	L	M	N
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2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
483			REDACTED					REDACTED
484	4	Inpatient			KP Traditional	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
485								
486								
487	4	Inpatient			Medicare Advantage	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	
488								
489	2	Inpatient			KP Medicaid	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
490								
491	12	Emergency			Medicare Advantage	UNK	Unknown DRG	
492								
493								
494	12	Inpatient			Medicare Advantage	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
495								
496	3	Inpatient			Medicare Advantage	389	G.I. OBSTRUCTION W CC	
497								
498	3	Inpatient			Medicare Unassigned	915	ALLERGIC REACTIONS W MCC	
499								
500	17	Inpatient			Medicare Advantage	907	OTHER O.R. PROCEDURES FOR INJURIES W MCC	
501								
502	11	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
503								
504	16	Emergency			Medicare Advantage	UNK	Unknown DRG	
505								
506	14	Emergency			Medicare Advantage	UNK	Unknown DRG	
507								
508	19	Emergency			Medicare Advantage	UNK	Unknown DRG	
509								
510	23	Emergency			Medicare Advantage	UNK	Unknown DRG	
511								
512	29	Emergency			Medicare Advantage	UNK	Unknown DRG	
513								
514	35	Emergency			Medicare Advantage	UNK	Unknown DRG	
515								
516	17	Emergency			Medicare Advantage	UNK	Unknown DRG	

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1		
2	**PROV_NAME**	**ADMIT_SRC**
483	REDACTED	
484		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
485		
486		
487		Transfer from a Hospital (Different Facility)
488		
489		Transfer from a Hospital (Different Facility)
490		
491		Non-Health Care Facility Point of Origin
492		
493		
494		Non-Health Care Facility Point of Origin
495		
496		Non-Health Care Facility Point of Origin
497		
498		Non-Health Care Facility Point of Origin
499		
500		Non-Health Care Facility Point of Origin
501		
502		Non-Health Care Facility Point of Origin
503		
504		Non-Health Care Facility Point of Origin
505		
506		Non-Health Care Facility Point of Origin
507		
508		Non-Health Care Facility Point of Origin
509		
510		Non-Health Care Facility Point of Origin
511		
512		Non-Health Care Facility Point of Origin
513		
514		Non-Health Care Facility Point of Origin
515		
516		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
483		
484	SN/IC - D/T to SNF with Medicare Certification	E
485		
486		
487	DIED - Expired	E
488		
489	HOME - Discharge to Home or Self Care (Routine Discharge)	E
490		
491	HOME - Discharge to Home or Self Care (Routine Discharge)	
492		
493		
494	SN/IC - D/T to SNF with Medicare Certification	E
495		
496	HOME - Discharge to Home or Self Care (Routine Discharge)	E
497		
498	HOME - Discharge to Home or Self Care (Routine Discharge)	E
499		
500	SN/IC - D/T to SNF with Medicare Certification	E
501		
502	HOME HEALTH SERVICES - Discharge to Home Hospice	E
503		
504	HOME - Discharge to Home or Self Care (Routine Discharge)	
505		
506	HOME - Discharge to Home or Self Care (Routine Discharge)	
507		
508	HOME - Discharge to Home or Self Care (Routine Discharge)	
509		
510	HOME - Discharge to Home or Self Care (Routine Discharge)	
511		
512	HOME - Discharge to Home or Self Care (Routine Discharge)	
513		
514	HOME - Discharge to Home or Self Care (Routine Discharge)	
515		
516	HOME - Discharge to Home or Self Care (Routine Discharge)	

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
517	[redacted]	REDACTED	[redacted]			
518				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,581.30
519						
520				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,038.20
521						
522				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,952.70
523						
524				V46.11	DEPENDENCE ON RESPIRATOR STATUS	427,934.65
525						
526				V46.11	DEPENDENCE ON RESPIRATOR STATUS	91,780.95
527						
528				V46.11	DEPENDENCE ON RESPIRATOR STATUS	88,730.35
529						
530				V46.11	DEPENDENCE ON RESPIRATOR STATUS	24,776.50
531						
532				V46.11	DEPENDENCE ON RESPIRATOR STATUS	304,594.65
533						
534				V46.11	DEPENDENCE ON RESPIRATOR STATUS	40,858.05
535						
536						
537				V46.11	DEPENDENCE ON RESPIRATOR STATUS	786,623.42
538						
539				V46.11	DEPENDENCE ON RESPIRATOR STATUS	26,469.30
540						
541				V46.11	DEPENDENCE ON RESPIRATOR STATUS	222,682.05
542						
543				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,936.00
544						
545				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,345.00
546						
547				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,696.00

	G	H	I	J	K	L	M	N
1								
2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
517			REDACTED					REDACTED
518	25	Emergency			Medicare Advantage	UNK	Unknown DRG	
519								
520	14	Emergency			Self Funding	UNK	Unknown DRG	
521								
522	10	Emergency			KP Traditional	UNK	Unknown DRG	
523								
524	12	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
525								
526	8	Inpatient			Medicare Advantage	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	
527								
528	5	Inpatient			Medicare Advantage	329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	
529								
530	10	Inpatient			Medicaid	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
531								
532	7	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
533								
534	3	Inpatient			Medicare Advantage	189	PULMONARY EDEMA & RESPIRATORY FAILURE	
535								
536								
537	13	Inpatient			Commercial	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
538								
539	3	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
540								
541	11	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
542								
543	11	Emergency			KP Traditional	UNK	Unknown DRG	
544								
545	9	Emergency			KP Traditional	UNK	Unknown DRG	
546								
547	3	Emergency			KP Traditional	UNK	Unknown DRG	

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1		
2	**PROV_NAME**	**ADMIT_SRC**
517	REDACTED	
518		Non-Health Care Facility Point of Origin
519		
520		Non-Health Care Facility Point of Origin
521		
522		Non-Health Care Facility Point of Origin
523		
524		Non-Health Care Facility Point of Origin
525		
526		Non-Health Care Facility Point of Origin
527		
528		Non-Health Care Facility Point of Origin
529		
530		Non-Health Care Facility Point of Origin
531		
532		Transfer from a Hospital (Different Facility)
533		
534		Transfer from a Hospital (Different Facility)
535		
536		
537		Non-Health Care Facility Point of Origin
538		
539		Transfer from a Hospital (Different Facility)
540		
541		Non-Health Care Facility Point of Origin
542		
543		Non-Health Care Facility Point of Origin
544		
545		Non-Health Care Facility Point of Origin
546		
547		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
517		
518	HOME - Discharge to Home or Self Care (Routine Discharge)	
519		
520	HOME - Discharge to Home or Self Care (Routine Discharge)	
521		
522	HOME - Discharge to Home or Self Care (Routine Discharge)	
523		
524	HOME - Discharge to Home or Self Care (Routine Discharge)	E
525		
526	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
527		
528	HOME - Discharge to Home or Self Care (Routine Discharge)	E
529		
530	HOME - Discharge to Home or Self Care (Routine Discharge)	E
531		
532	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E
533		
534	HOME HEALTH SERVICES - Discharge to Home Hospice	E
535		
536		
537	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
538		
539	DIED - Expired	E
540		
541	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
542		
543	HOME - Discharge to Home or Self Care (Routine Discharge)	
544		
545	HOME - Discharge to Home or Self Care (Routine Discharge)	
546		
547	HOME - Discharge to Home or Self Care (Routine Discharge)	

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
548	[redacted]	REDACTED	[redacted]			
549				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,334.00
550						
551				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,571.70
552						
553				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,784.25
554						
555				V46.11	DEPENDENCE ON RESPIRATOR STATUS	844,318.35
556						
557				V46.11	DEPENDENCE ON RESPIRATOR STATUS	652,692.10
558				V46.11	DEPENDENCE ON RESPIRATOR STATUS	
559						
560				V46.11	DEPENDENCE ON RESPIRATOR STATUS	77,105.70
561						
562				V46.11	DEPENDENCE ON RESPIRATOR STATUS	310,168.65
563						
564				V46.11	DEPENDENCE ON RESPIRATOR STATUS	15,309.05
565						
566				V46.11	DEPENDENCE ON RESPIRATOR STATUS	271,139.25
567						
568				V46.11	DEPENDENCE ON RESPIRATOR STATUS	140,712.35
569						
570				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,413.00
571						
572				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,739.00
573						
574				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,125.55
575						
576				V46.11	DEPENDENCE ON RESPIRATOR STATUS	333,708.20
577						

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2	**DX_POS**	**ACCT_CLASS**	**ADM_DATE**	**DISCH_DATE**	**LOB_NAME**	**DRG_NUMBER**	**DRG_DESCRIPTION**	**ATTENDING_PROV_ID**
548			REDACTED					REDACTED
549	14	Emergency			KP Traditional	UNK	Unknown DRG	
550								
551	16	Emergency			KP Traditional	UNK	Unknown DRG	
552								
553	11	Emergency			KP Traditional	UNK	Unknown DRG	
554								
555	13	Inpatient			Medicare Advantage	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
556								
557	11	Inpatient			Medicare Advantage	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
558	11							
559								
560	5	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
561								
562	6	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
563								
564	3	Inpatient			Medicare Advantage	640	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	
565								
566	5	Inpatient			Self-Pay	963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	
567								
568	7	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
569								
570	7	Emergency			Medicare Advantage	UNK	Unknown DRG	
571								
572	7	Emergency			KP Traditional	UNK	Unknown DRG	
573								
574	10	Emergency			KP Traditional	UNK	Unknown DRG	
575								
576	9	Inpatient			Medicaid	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
577								

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1		
2	**PROV_NAME**	**ADMIT_SRC**
548	REDACTED	
549		Non-Health Care Facility Point of Origin
550		
551		Non-Health Care Facility Point of Origin
552		
553		Non-Health Care Facility Point of Origin
554		
555		Transfer from a Hospital (Different Facility)
556		
557		Non-Health Care Facility Point of Origin
558		
559		
560		Non-Health Care Facility Point of Origin
561		
562		Transfer from a Hospital (Different Facility)
563		
564		Transfer from a Hospital (Different Facility)
565		
566		Non-Health Care Facility Point of Origin
567		
568		Non-Health Care Facility Point of Origin
569		
570		Non-Health Care Facility Point of Origin
571		
572		Non-Health Care Facility Point of Origin
573		
574		Non-Health Care Facility Point of Origin
575		
576		Non-Health Care Facility Point of Origin
577		

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
548		
549	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	
550		
551	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	
552		
553	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	
554		
555	SN/IC - D/T to SNF with Medicare Certification	E
556		
557	SN/IC - D/T to SNF with Medicare Certification	E
558	HOME - Discharge to Home or Self Care (Routine Discharge)	E
559		
560	DIED - Expired	E
561		
562	SN/IC - D/T to SNF with Medicare Certification	E
563		
564	SN/IC - D/T to SNF with Medicare Certification	E
565		
566	HOME - Discharge to Home or Self Care (Routine Discharge)	E
567		
568	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
569		
570	HOME - Discharge to Home or Self Care (Routine Discharge)	
571		
572	HOME - Discharge to Home or Self Care (Routine Discharge)	
573		
574	HOME - Discharge to Home or Self Care (Routine Discharge)	
575		
576	SN/IC - D/T to SNF with Medicare Certification	E
577		

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
578	[redacted]	REDACTED	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	678,582.75
579						
580				V46.11	DEPENDENCE ON RESPIRATOR STATUS	0.00
581						
582				V46.11	DEPENDENCE ON RESPIRATOR STATUS	340,795.71
583						
584						
585				V46.11	DEPENDENCE ON RESPIRATOR STATUS	187,644.35
586						
587				V46.11	DEPENDENCE ON RESPIRATOR STATUS	359.00
588						
589				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,450.90
590						
591				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,392.00
592						
593				V46.11	DEPENDENCE ON RESPIRATOR STATUS	11,748.52
594						
595				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,009.65
596						
597				V46.11	DEPENDENCE ON RESPIRATOR STATUS	2,170.00
598						
599						
600				V46.11	DEPENDENCE ON RESPIRATOR STATUS	52,910.30
601						
602				V46.11	DEPENDENCE ON RESPIRATOR STATUS	20,121.20
603						
604				V46.11	DEPENDENCE ON RESPIRATOR STATUS	19,309.40
605						
606				V46.11	DEPENDENCE ON RESPIRATOR STATUS	15.00
607						
608				V46.11	DEPENDENCE ON RESPIRATOR STATUS	171,295.90
609						
610				V46.11	DEPENDENCE ON RESPIRATOR STATUS	95,459.70
611						
612				V46.11	DEPENDENCE ON RESPIRATOR STATUS	7,038.40

	G	H	I	J	K	L	M	N
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2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
578	7	Inpatient	REDACTED		Medicaid	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	REDACTED
579								
580	3	Inpatient			Medicare Advantage	189	PULMONARY EDEMA & RESPIRATORY FAILURE	
581								
582	10	Inpatient			Medicare	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
583								
584								
585	8	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
586								
587	7	Emergency			Medicare Advantage	UNK	Unknown DRG	
588								
589	5	Emergency			KP Traditional	UNK	Unknown DRG	
590								
591	10	Emergency			KP Traditional	UNK	Unknown DRG	
592								
593	16	Hospital Ambulatory Surgery			Medicare Advantage	UNK	Unknown DRG	
594								
595	7	Outpatient			KP Traditional	UNK	Unknown DRG	
596								
597	5	Emergency			Medicare Advantage	UNK	Unknown DRG	
598								
599								
600	4	Inpatient			Medicare Advantage	920	COMPLICATIONS OF TREATMENT W CC	
601								
602	9	Hospital Ambulatory Surgery			KP Traditional	UNK	Unknown DRG	
603								
604	9	Hospital Ambulatory Surgery			Medicare Advantage	UNK	Unknown DRG	
605								
606	12	Hospital Ambulatory Surgery			KP Traditional	UNK	Unknown DRG	
607								
608	4	Inpatient			KP Traditional	052	SPINAL DISORDERS & INJURIES W CC/MCC	
609								
610	6	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
611								
612	19	Hospital Ambulatory Surgery			Medicare Advantage	UNK	Unknown DRG	

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2	**PROV_NAME**	**ADMIT_SRC**
578	REDACTED	Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
579		
580		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
581		
582		Non-Health Care Facility Point of Origin
583		
584		
585		Non-Health Care Facility Point of Origin
586		
587		Non-Health Care Facility Point of Origin
588		
589		Non-Health Care Facility Point of Origin
590		
591		Non-Health Care Facility Point of Origin
592		
593		Non-Health Care Facility Point of Origin
594		
595		Non-Health Care Facility Point of Origin
596		
597		Non-Health Care Facility Point of Origin
598		
599		
600		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
601		
602		Non-Health Care Facility Point of Origin
603		
604		Non-Health Care Facility Point of Origin
605		
606		Non-Health Care Facility Point of Origin
607		
608		Transfer from a Hospital (Different Facility)
609		
610		Non-Health Care Facility Point of Origin
611		
612		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
578	SN/IC - D/T to SNF with Medicare Certification	E
579		
580		E
581		
582	OTHER CARE TO ANOTHER HOSP - D/T to an Inpt Rehab Facility (IRF) including Rehab Dist	E
583		
584		
585	SN/IC - D/T to SNF with Medicare Certification	E
586		
587	HOME - Discharge to Home or Self Care (Routine Discharge)	
588		
589	HOME - Discharge to Home or Self Care (Routine Discharge)	
590		
591	HOME - Discharge to Home or Self Care (Routine Discharge)	
592		
593	HOME - Discharge to Home or Self Care (Routine Discharge)	
594		
595	HOME - Discharge to Home or Self Care (Routine Discharge)	
596		
597	HOME - Discharge to Home or Self Care (Routine Discharge)	
598		
599		
600	SN/IC - D/T to SNF with Medicare Certification	E
601		
602	HOME - Discharge to Home or Self Care (Routine Discharge)	
603		
604	HOME - Discharge to Home or Self Care (Routine Discharge)	
605		
606	HOME - Discharge to Home or Self Care (Routine Discharge)	
607		
608	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
609		
610	DIED - Expired	E
611		
612	HOME - Discharge to Home or Self Care (Routine Discharge)	

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
613	[redacted]	REDACTED	[redacted]			
614	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	329,497.95
615	[redacted]	[redacted]	[redacted]			
616	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	77,613.00
617	[redacted]	[redacted]	[redacted]			
618	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	92,647.95
619	[redacted]	[redacted]	[redacted]			
620	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	142,253.35
621	[redacted]	[redacted]	[redacted]			
622	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	19,215.85
623	[redacted]	[redacted]	[redacted]			
624	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	55,758.15
625	[redacted]	[redacted]	[redacted]			
626	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	55,711.40
627	[redacted]	[redacted]	[redacted]			
628	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	88,230.20
629	[redacted]	[redacted]	[redacted]			
630	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	100,358.45
631	[redacted]	[redacted]	[redacted]			
632	[redacted]	[redacted]	[redacted]			
633	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	18,494.50
634	[redacted]	[redacted]	[redacted]			
635	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	210,507.75
636	[redacted]	[redacted]	[redacted]			
637	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	459,510.00
638	[redacted]	[redacted]	[redacted]			
639	[redacted]	[redacted]	[redacted]	V46.11	DEPENDENCE ON RESPIRATOR STATUS	196,835.10

	G	H	I	J	K	L	M	N
1								
2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
613			REDACTED					REDACTED
614	6	Inpatient			Medicare	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
615								
616	3	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
617								
618	2	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
619								
620	4	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
621								
622	3	Inpatient			Medicare Advantage	640	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	
623								
624	4	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
625								
626	3	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
627								
628	4	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
629								
630	6	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
631								
632								
633	2	Inpatient			Medicare Advantage	872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	
634								
635	7	Inpatient			HDHP	075	VIRAL MENINGITIS W CC/MCC	
636								
637	17	Inpatient			Medicare Advantage	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	
638								
639	7	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	

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1		
2	**PROV_NAME**	**ADMIT_SRC**
613	REDACTED	
614		Non-Health Care Facility Point of Origin
615		
616		Non-Health Care Facility Point of Origin
617		
618		Non-Health Care Facility Point of Origin
619		
620		Non-Health Care Facility Point of Origin
621		
622		Non-Health Care Facility Point of Origin
623		
624		Non-Health Care Facility Point of Origin
625		
626		Non-Health Care Facility Point of Origin
627		
628		Non-Health Care Facility Point of Origin
629		
630		Non-Health Care Facility Point of Origin
631		
632		
633		Non-Health Care Facility Point of Origin
634		
635		Non-Health Care Facility Point of Origin
636		
637		Non-Health Care Facility Point of Origin
638		
639		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
613		
614	SN/IC - D/T to SNF with Medicare Certification	E
615		
616	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
617		
618	HOME - Discharge to Home or Self Care (Routine Discharge)	E
619		
620	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
621		
622	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
623		
624	HOME - Discharge to Home or Self Care (Routine Discharge)	E
625		
626	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
627		
628	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
629		
630	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
631		
632		
633	SN/IC - D/T to SNF with Medicare Certification	E
634		
635	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	E
636		
637	SN/IC - D/T to SNF with Medicare Certification	E
638		
639	DIED - Expired	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
640	[redacted]	REDACTED	[redacted]			
641				V46.11	DEPENDENCE ON RESPIRATOR STATUS	115,043.90
642						
643				V46.11	DEPENDENCE ON RESPIRATOR STATUS	116,022.55
644						
645				V46.11	DEPENDENCE ON RESPIRATOR STATUS	80,806.73
646						
647				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,292,424.10
648						
649				V46.11	DEPENDENCE ON RESPIRATOR STATUS	278,857.75
650						
651				V46.11	DEPENDENCE ON RESPIRATOR STATUS	64,999.00
652						
653				V46.11	DEPENDENCE ON RESPIRATOR STATUS	258,240.25
654						
655				V46.11	DEPENDENCE ON RESPIRATOR STATUS	79,404.20
656						
657				V46.11	DEPENDENCE ON RESPIRATOR STATUS	50,790.35
658						
659				V46.11	DEPENDENCE ON RESPIRATOR STATUS	410,490.80
660						
661				V46.11	DEPENDENCE ON RESPIRATOR STATUS	123,822.05
662						
663				V46.11	DEPENDENCE ON RESPIRATOR STATUS	174,700.30
664						
665				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,823.20
666						
667				V46.11	DEPENDENCE ON RESPIRATOR STATUS	222,562.73

	G	H	I	J	K	L	M	N
1								
2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
640			REDACTED					REDACTED
641	9	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
642								
643	10	Inpatient			Medicare	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
644								
645	3	Inpatient			KP Traditional	163	MAJOR CHEST PROCEDURES W MCC	
646								
647	12	Inpatient			Medicare Advantage	091	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	
648								
649	13	Inpatient			Self Funding	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
650								
651	7	Inpatient			Medicaid	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
652								
653	23	Inpatient			Medicare Advantage	371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	
654								
655	2	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
656								
657	4	Inpatient			Medicare Advantage	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	
658								
659	11	Inpatient			KP Traditional	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	
660								
661	15	Inpatient			KP Traditional	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
662								
663	6	Inpatient			Medicare Advantage	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	
664								
665	2	Emergency			Medicare Advantage	UNK	Unknown DRG	
666								
667	5	Inpatient			Medicare Advantage	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
640	REDACTED	
641		Non-Health Care Facility Point of Origin
642		
643		Information Not Available
644		
645		Non-Health Care Facility Point of Origin
646		
647		Transfer from a Hospital (Different Facility)
648		
649		Non-Health Care Facility Point of Origin
650		
651		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
652		
653		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
654		
655		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
656		
657		Transfer from Skilled Nursing (SNF), Intermediate Care (ICF) or Assisted Living (ALF)
658		
659		Non-Health Care Facility Point of Origin
660		
661		Clinic or Physician's Office
662		
663		Non-Health Care Facility Point of Origin
664		
665		Non-Health Care Facility Point of Origin
666		
667		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
640		
641	SN/IC - D/T to SNF with Medicare Certification	E
642		
643	DIED - Expired	E
644		
645	HOME - Discharge to Home or Self Care (Routine Discharge)	E
646		
647	DIED - Expired	E
648		
649	DIED - Expired	E
650		
651	SN/IC - D/T to SNF with Medicare Certification	E
652		
653	DIED - Expired	E
654		
655	DIED - Expired	E
656		
657	SN/IC - D/T to SNF with Medicare Certification	E
658		
659	SN/IC - D/T to SNF with Medicare Certification	E
660		
661	DIED - Expired	E
662		
663	SN/IC - D/T to SNF with Medicare Certification	E
664		
665	HOME - Discharge to Home or Self Care (Routine Discharge)	
666		
667	DIED - Expired	E

	A	B	C	D	E	F
1	NCHIM0009 DX IN ANY POSITION DETAIL	Medical Center Area: ALL	DX Codes: V46.11	Discharge From dates :	REDACTED	
2	**HAR_ACCOUNT_ID**	**PATIENT_MRN**	**PAT_NAME**	**ICD CODE**	**DX_NAME**	**TOT_CHGS**
668	[redacted]	REDACTED	[redacted]			
669				V46.11	DEPENDENCE ON RESPIRATOR STATUS	161,733.20
670						
671				V46.11	DEPENDENCE ON RESPIRATOR STATUS	167,606.90
672						
673				V46.11	DEPENDENCE ON RESPIRATOR STATUS	5,496.35
674						
675				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,232.30
676						
677				V46.11	DEPENDENCE ON RESPIRATOR STATUS	12,117.55
678						
679				V46.11	DEPENDENCE ON RESPIRATOR STATUS	5,915.30
680						
681				V46.11	DEPENDENCE ON RESPIRATOR STATUS	4,336.90
682						
683				V46.11	DEPENDENCE ON RESPIRATOR STATUS	3,188.10
684						
685				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,025.00
686						
687				V46.11	DEPENDENCE ON RESPIRATOR STATUS	1,947.00
688						
689				V46.11	DEPENDENCE ON RESPIRATOR STATUS	5,396.80
690						
691				V46.11	DEPENDENCE ON RESPIRATOR STATUS	5,850.00
692						
693				V46.11	DEPENDENCE ON RESPIRATOR STATUS	977.00
694						
695				V46.11	DEPENDENCE ON RESPIRATOR STATUS	23,890.15
696						
697				V46.11	DEPENDENCE ON RESPIRATOR STATUS	51,665.20
698						
699				V46.11	DEPENDENCE ON RESPIRATOR STATUS	291,485.22

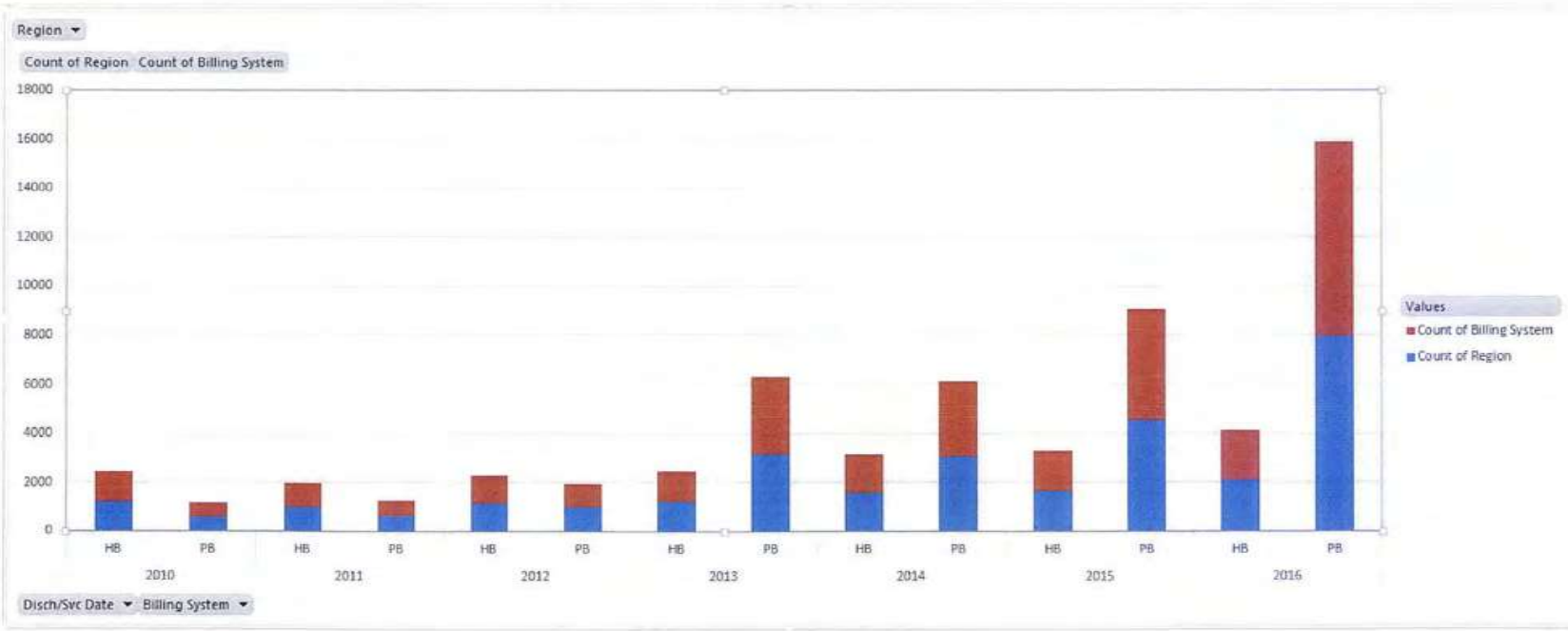
	G	H	I	J	K	L	M	N
1								
2	DX_POS	ACCT_CLASS	ADM_DATE	DISCH_DATE	LOB_NAME	DRG_NUMBER	DRG_DESCRIPTION	ATTENDING_PROV_ID
668			REDACTED					REDACTED
669	13	Inpatient			Medicare Advantage	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
670								
671	4	Inpatient			KP DHMO	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
672								
673	26	Emergency			Medicare Advantage	UNK	Unknown DRG	
674								
675	15	Emergency			KP Traditional	UNK	Unknown DRG	
676								
677	9	Emergency			Medicare Advantage	UNK	Unknown DRG	
678								
679	25	Emergency			Medicare Advantage	UNK	Unknown DRG	
680								
681	19	Emergency			Medicare Advantage	UNK	Unknown DRG	
682								
683	10	Emergency			KP Traditional	UNK	Unknown DRG	
684								
685	18	Emergency			Medicare Advantage	UNK	Unknown DRG	
686								
687	31	Emergency			Medicare Advantage	UNK	Unknown DRG	
688								
689	10	Emergency			Medicare Advantage	UNK	Unknown DRG	
690								
691	11	Emergency			KP Traditional	UNK	Unknown DRG	
692								
693	6	Emergency			Medicare Advantage	UNK	Unknown DRG	
694								
695	4	Inpatient			KP DHMO	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	
696								
697	3	Inpatient			Medicare Advantage	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	
698								
699	12	Inpatient			Medicare Cost	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	

	O	P
1		
2	**PROV_NAME**	**ADMIT_SRC**
668	REDACTED	
669		Non-Health Care Facility Point of Origin
670		
671		Non-Health Care Facility Point of Origin
672		
673		Non-Health Care Facility Point of Origin
674		
675		Non-Health Care Facility Point of Origin
676		
677		Non-Health Care Facility Point of Origin
678		
679		Non-Health Care Facility Point of Origin
680		
681		Non-Health Care Facility Point of Origin
682		
683		Non-Health Care Facility Point of Origin
684		
685		Non-Health Care Facility Point of Origin
686		
687		Non-Health Care Facility Point of Origin
688		
689		Non-Health Care Facility Point of Origin
690		
691		Non-Health Care Facility Point of Origin
692		
693		Clinic or Physician's Office
694		
695		Non-Health Care Facility Point of Origin
696		
697		Non-Health Care Facility Point of Origin
698		
699		Non-Health Care Facility Point of Origin

	Q	R
1		
2	**DISCH_DISPOSITION**	**POA**
668		
669	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E
670		
671	SN/IC - D/T to SNF with Medicare Certification	E
672		
673	HOME - Discharge to Home or Self Care (Routine Discharge)	
674		
675	HOME - Discharge to Home or Self Care (Routine Discharge)	
676		
677	HOME - Discharge to Home or Self Care (Routine Discharge)	
678		
679	OTHER CARE W/I THIS HOSP - Admitted as an Inpt to this Hosp	
680		
681	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	
682		
683	HOME - Discharge to Home or Self Care (Routine Discharge)	
684		
685	HOME - Discharge to Home or Self Care (Routine Discharge)	
686		
687	HOME - Discharge to Home or Self Care (Routine Discharge)	
688		
689	ACUTE CARE TO ANOTHER HOSP - D/T to Another Short Term	
690		
691	HOME - Discharge to Home or Self Care (Routine Discharge)	
692		
693	HOME - Discharge to Home or Self Care (Routine Discharge)	
694		
695	SN/IC - D/T to SNF with Medicare Certification	E
696		
697	SN/IC - D/T to SNF with Medicare Certification	E
698		
699	HOME HEALTH SERVICE - D/T to Home Under Care of Organized Home Health Service Organiz	E

EXHIBIT 28

ALL REGIONS: 2010-2016 Volumes – Vent Dependence Code

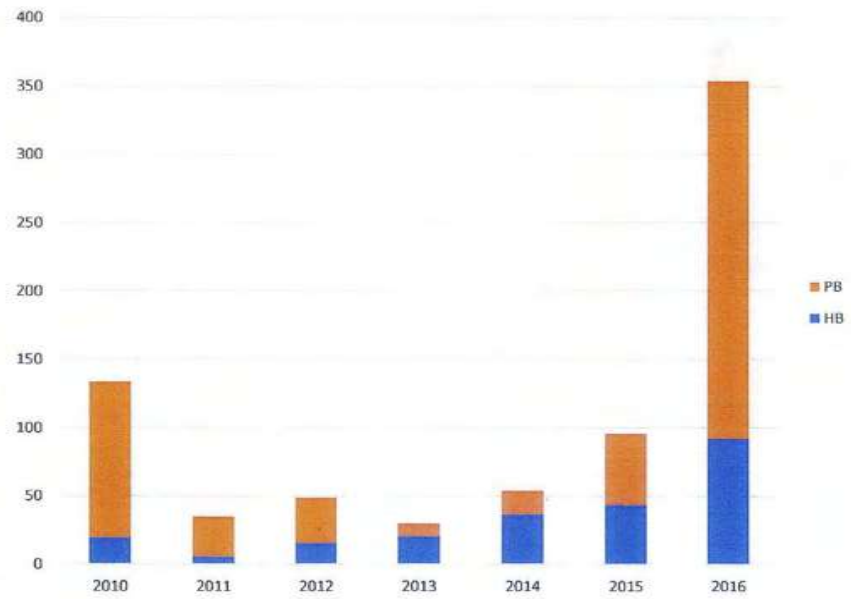


ALL REGIONS: 2010-2016

Region	(All)	
Row Labels	Count of Region	Count of Billing System
2010	1811	1811
HB	1224	1224
PB	587	587
2011	1633	1633
HB	1001	1001
PB	632	632
2012	2101	2101
HB	1130	1130
PB	971	971
2013	4393	4393
HB	1238	1238
PB	3155	3155
2014	4625	4625
HB	1563	1563
PB	3062	3062
2015	6176	6176
HB	1652	1652
PB	4524	4524
2016	10015	10015
HB	2072	2072
PB	7943	7943
Grand Total	30754	30754

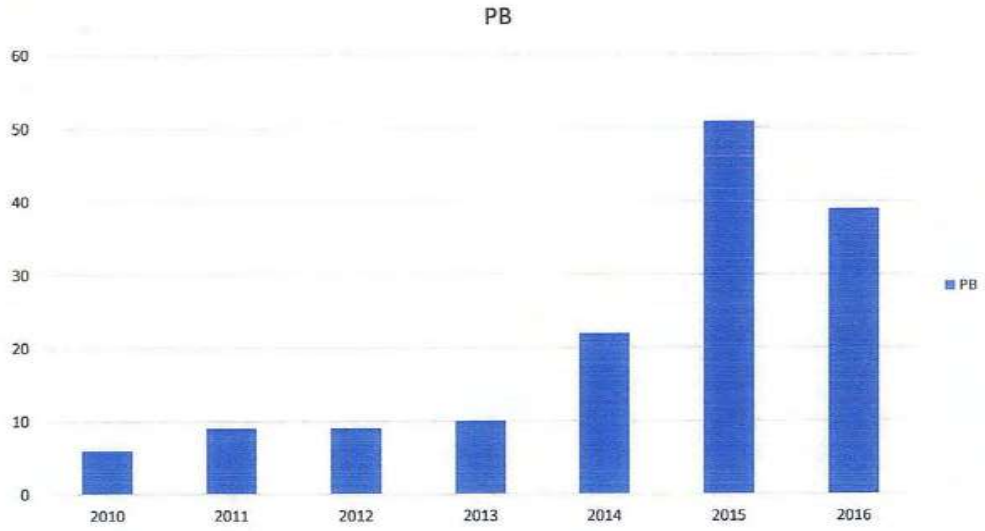
NW REGION

NW Vent Dependence Code			
Count of Diagnosis	Column Labels		
Row Labels	HB	PB	Grand Total
2010	20	114	134
2011	6	29	35
2012	16	33	49
2013	21	9	30
2014	37	17	54
2015	44	52	96
2016	92	262	354
Grand Total	236	516	752



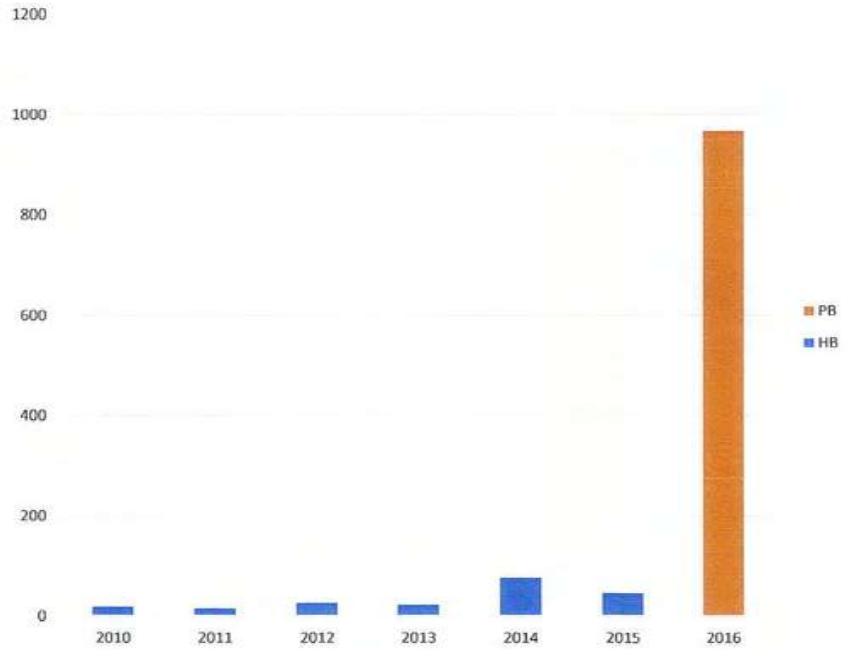
MAS REGION

MAS Vent Dependence Code		
Count of Diagnosis	Column Labels	
Row Labels	PB	Grand Total
2010	6	6
2011	9	9
2012	9	9
2013	10	10
2014	22	22
2015	51	51
2016	39	39
Grand Total	146	146



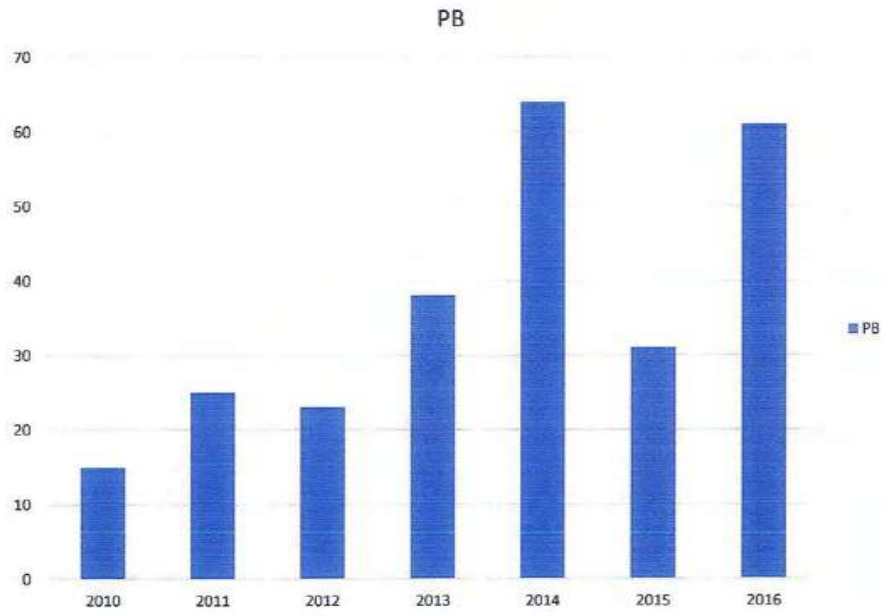
HI REGION

HI Vent Dependence Code			
Count of Diagnosis	Column Labels		
Row Labels	HB	PB	Grand Total
2010		18	18
2011		15	15
2012		26	26
2013		22	22
2014		76	76
2015		46	46
2016		968	968
Grand Total	203	968	1171



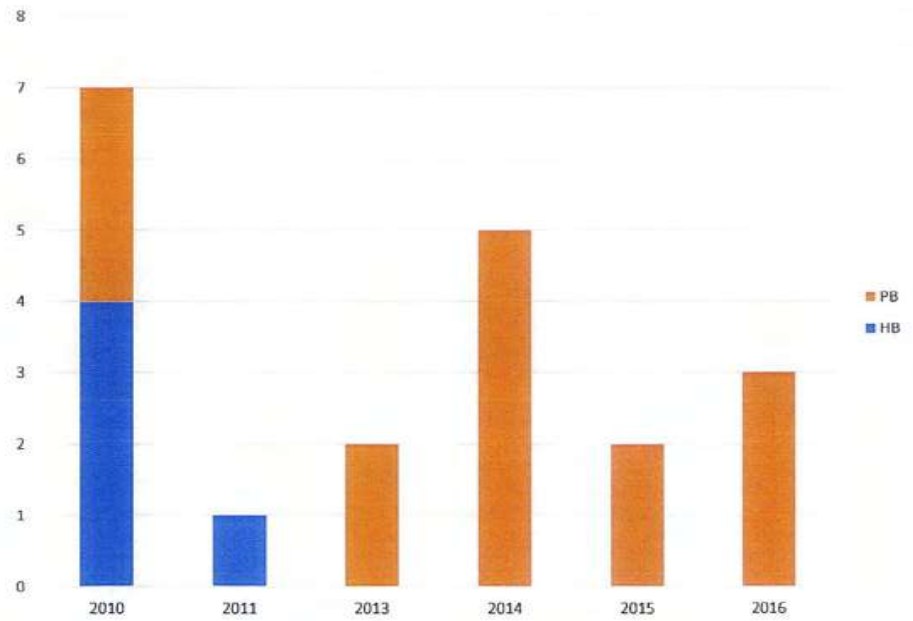
GA Region

GA Vent Dependence Code		
Count of Diagnosis	Column Labels	
Row Labels	PB	Grand Total
2010	15	15
2011	25	25
2012	23	23
2013	38	38
2014	64	64
2015	31	31
2016	61	61
Grand Total	257	257



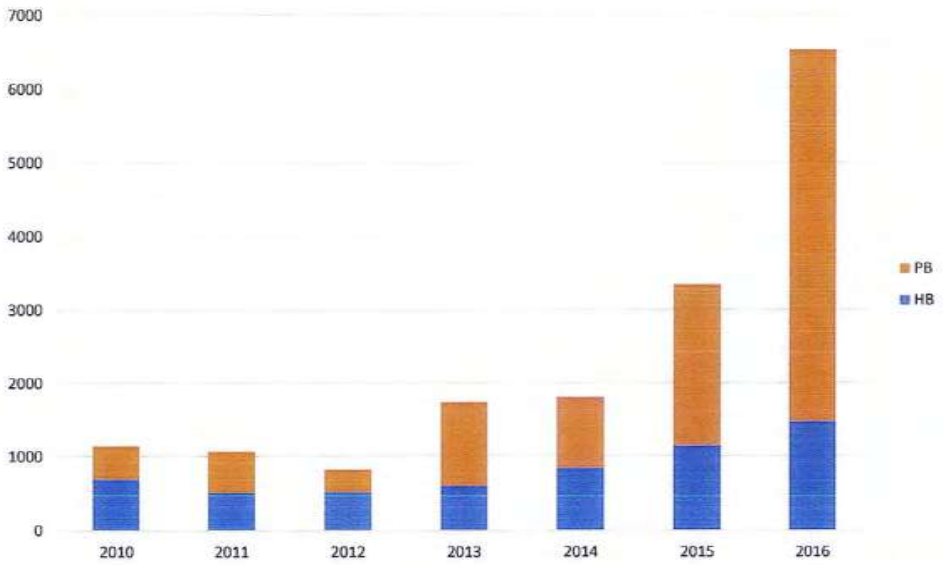
CO Region

CO	Vent Dependence Code		
Count of Diagnosis	Column Labels		
Row Labels	HB	PB	Grand Total
2010	4	3	7
2011	1		1
2013		2	2
2014		5	5
2015		2	2
2016		3	3
Grand Total	5	15	20



SCAL REGION

SCAL			
Vent Dependence Code			
Count of Diagnosis	Column Labels		
Row Labels	HB	PB	Grand Total
2010	706	441	1147
2011	516	552	1068
2012	527	295	822
2013	606	1137	1743
2014	854	951	1805
2015	1155	2188	3343
2016	1483	5048	6531
Grand Total	5847	10612	16459



NCAL REGION

Vent Dependence Code		NCAL	
Count of Diagnosis	Column Labels		
Row Labels	HB	PB	Grand Total
2010	476	6	482
2011	463	17	480
2012	561	607	1168
2013	589	1946	2535
2014	637	1943	2580
2015	412	1799	2211
2016	451	2042	2493
Grand Total	3589	8360	11949

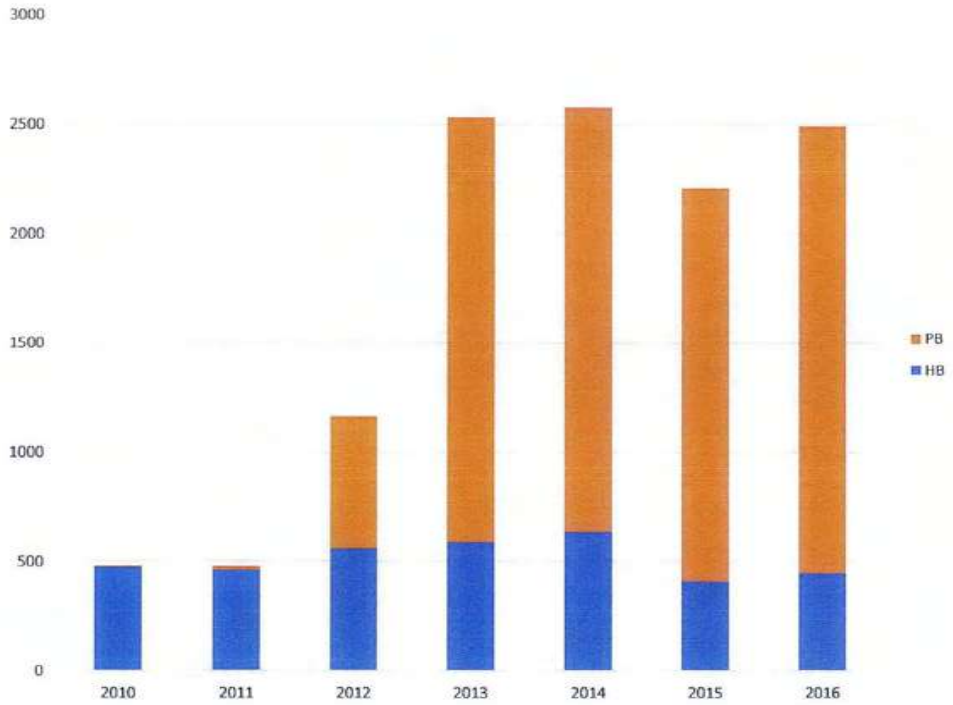


EXHIBIT 29

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American Health Information Management Association Standards of Ethical Coding

Introduction

Coding is recognized as one of the core health information management (HIM) functions within healthcare. Due to the complex regulatory requirements affecting the health information coding process, coding professionals are frequently faced with ethical coding and coding-related challenges. The Standards of Ethical Coding are **important** established guidelines for any coding professional and are based on the American Health Information Management Association's (AHIMA's) Code of Ethics. Both reflect expectations of professional conduct for coding professionals involved in diagnostic and/or procedural coding, data abstraction and related coding and/or data activities.

A Code of Ethics sets forth professional values and ethical principles. In addition, a code of ethics offers ethical guidelines to which professionals aspire and by which their actions can be expected and be judged. HIM and coding professionals are expected to demonstrate professional values by their actions to patients, employers, members of the healthcare team, the public, and the many stakeholders they serve. A Code of Ethics is important in helping guide the decision-making process and can be referenced by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, government agencies, and other professional groups). The Code of Ethics[1] is relevant to all AHIMA members, students, and CCHIIM credentialed HIM and coding professionals, regardless of their professional functions, the settings in which they work, or the populations they serve. All core health information coding activities are performed in compliance with state and federal regulations, and employer policies and procedures.[2]

The AHIMA Standards of Ethical Coding are intended to assist and guide coding professionals whether credentialed or not; including but not limited to coding staff, coding auditors, coding educators, clinical documentation improvement (CDI) professionals, and managers responsible for decision-making processes and operations as well as HIM/coding students. The standards outline expectations for making ethical decisions in the workplace and demonstrate coding professionals' commitment to integrity during the coding process, regardless of the purpose for which the codes are being reported. They are relevant to all coding professionals, regardless of the healthcare setting (e.g., inpatient, outpatient, post-acute care, alternative care, etc.) in which they work or function.

These Standards of Ethical Coding have been revised in order to reflect the current healthcare environment and modern coding practices. This document is in two parts; part one includes the standards and part two contains the standards, guidelines, and examples. Additionally, definitions have been added for some key words and terms used throughout the document. The following definitions relate to and are used within the context of these Standards for consistency and continuity.

DEFINITIONS

The purpose of this definition section is to achieve clarity without needless repetition. These definitions are intended to reflect everyday meaning. It is not within the scope of this document to establish new definitions for the words.

Coding Professional: Individuals whether credentialed or not; including but not limited to coding staff, coding auditors, coding educators, clinical documentation improvement (CDI) professionals, and managers responsible for decision-making processes and operations as well as HIM/coding students.

Coding-related activities: The activities includes selection, research, and completion of code assignment, querying, other health record data abstraction, data analytics and reporting with codes, coding audits, remote coding, and coding educational activities and functions.

Data: All healthcare data elements including clinical, demographic, and financial.

Documentation: Clinical documentation found in the health record (medical record) in any format.

Encounter: The term *encounter* is used for all settings, including hospital admissions. All healthcare settings include the following: hospitals (inpatient and outpatient), physician offices, post-acute care (e.g., long- and short-term care), and other non-acute care (e.g., home health, hospice).

Established practices: Refers to processes and methods that are recognized and generally accepted such as AHIMA practice briefs and accrediting body standards.

Healthcare professionals: Those who are educated and skilled in any aspect of healthcare including direct and indirect patient care.

Provider: The term provider is used throughout the guidelines to mean physician or any qualified healthcare practitioner who is legally accountable for establishing the patient's diagnosis.

Query: A clarification or question to the provider through written, verbal, or electronic means regarding or related to clinical documentation in the health record.

Requirements: ICD coding conventions, official coding and reporting guidelines approved by the Cooperating Parties, the CPT rules established by the American Medical Association, applicable state and federal regulations, and any other official coding rules and guidelines (e.g., AHA Coding Clinic ICD-10-CM/PCS; AHA Coding Clinic for HCPCS; AMA CPT Assistant; AMA CPT Code book) established for use with mandated standard code sets.

Standards of Ethical Coding

1. Apply accurate, complete, and consistent coding practices that yield quality data.
2. Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions.
3. Assign and report, in any format, only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, and requirements.
4. Query and/or consult as needed with the provider for clarification and additional documentation prior to final code assignment in accordance with acceptable healthcare industry practices.
5. Refuse to participate in, support, or change reported data and/or narrative titles, billing data, clinical documentation practices, or any coding related activities intended to skew or misrepresent data and their meaning that do not comply with requirements.
6. Facilitate, advocate, and collaborate with healthcare professionals in the pursuit of accurate, complete and reliable coded data and in situations that support ethical coding practices.
7. Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements.
8. Maintain the confidentiality of protected health information in accordance with the Code of Ethics.[3]
9. Refuse to participate in the development of coding and coding related technology that is not designed in accordance with requirements.
10. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.
11. Refuse to participate in and/or conceal unethical coding, data abstraction, query practices, or any inappropriate activities related to coding and address any perceived unethical coding related practices.

The Standards for Ethical Coding and How to Interpret the Standards of Ethical Coding

Standards and Guidelines

The following ethical standards are based on the core values of the American Health Information Management Association in the AHIMA Code of Ethics and apply to all coding professionals. Guidelines for each ethical standard are a non-inclusive list of behaviors and situations that can help to clarify the standard. They are not meant to be a comprehensive list of all situations that can occur.

1. Apply accurate, complete, and consistent coding practices that yield quality data.

Coding professionals shall:

1.1. Support selection of appropriate diagnostic, procedure, and other types of health service related codes (e.g., present on admission indicator, discharge status).

1.2. Develop and comply with comprehensive internal coding policies and procedures that are consistent with requirements.

Example: Develop internal policies and procedures for the coding function such as Facility Coding Guidelines that do not conflict with the Requirements and use as a framework for the work process, and education and training is provided on their use.

1.3. Foster an environment that supports honest and ethical coding practices resulting in accurate and reliable data.

Example: Regularly discussing the standards of ethical coding at staff meetings.

Coding professionals **shall not**:

1.4. Distort or participate in improper preparation, alteration, or suppression of coded information.

Example: Assigning diagnosis and/or procedure codes based on clinical documentation not recognized in requirements *(*as defined above in the definitions*)*.

1.5. Misrepresent the patient's medical conditions and/or treatment provided, are not supported by the health record documentation.

Example: Permitting coding practices that misrepresent the provider documentation for a given date of service or encounter such as using codes from a previous encounter on the current encounter (except with bundled payment models or other methodologies).

2. Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions.

Coding professionals **shall**:

2.1. Adhere to the ICD coding conventions, official coding and reporting guidelines approved by the Cooperating Parties, the CPT rules established by the American Medical Association, and any other official coding rules and guidelines established for use with mandated standard code sets.

Example: Using current and/or appropriate resource tools that assist with proper sequencing and reporting to stay in compliance with existing reporting requirements.

2.2. Select and sequence diagnosis and procedure codes, present on admission, discharge status in accordance with the definitions of required data sets in all healthcare settings.

3. Assign and report, in any format, only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, and requirements.

Coding professionals **shall**:

3.1. Apply skills, knowledge of currently mandated coding and classification systems, and official resources to select the appropriate diagnostic and procedural codes (including applicable modifiers), and other codes representing healthcare services (including substances, equipment, supplies, or other items used in the provision of healthcare services).

Example: Researching and/or confirming the appropriate code for a clinical condition when not indexed in the classification.

4. Query and/or consult as needed with the provider for clarification and additional documentation prior to final code assignment in accordance with acceptable healthcare industry practices.

Coding professionals **shall**:

4.1. Participate in the development of query policies that support documentation improvement and meet regulatory, legal, and ethical standards for coding and reporting.

Example: Guidelines for Achieving a Compliant Query Practice (2016 Update) [3]

4.2. Use queries as a communication tool to improve the accuracy of code assignment and the quality of health record documentation.

Example: Designing and adhering to policies regarding the circumstances when providers should be queried to promote complete and accurate coding and complete documentation, regardless of whether reimbursement will be affected.

Example: In some situations a query to the provider will be initiated after the initial completion of the coding due to late documentation, etc., this should be conducted in a timely manner.

4.3 Query with established practice brief guidance when there is conflicting, incomplete, illegible, imprecise, or ambiguous information, (e.g., concurrent, pre-bill, and retrospective).

Coding professionals **shall not**:

4.4. Query the provider when there is no clinical information in the health record that necessitates a query.

Example: Querying the provider regarding the presence of gram-negative pneumonia on every pneumonia case/encounter.

4.5. Utilize health record documentation from or in other encounters to generate a provider query.

5. Refuse to participate in, support or change reported data and/or narrative titles, billing data, clinical documentation practices, or any coding related activities intended to skew or misrepresent data and their meaning that do not comply with requirements.

Coding professionals **shall**:

5.1. Select and sequence the codes such that the organization receives the optimal reimbursement to which the facility is legally entitled, remembering that it is unethical and illegal to increase reimbursement by means that contradict requirements.

5.2. Bring to the attention of the organization management any identified inappropriate coding practices that do not comply with requirements.

Example: Communicating with management and/or utilize organization’s compliance hot line to report inappropriate coding practices.

Example: Bringing coding errors to the attention of the administration and/or coding leadership as soon as possible.

Coding professionals **shall not**:

5.3. Misrepresent the patient's clinical picture through intentional incorrect coding or omission of diagnosis or procedure codes, or the addition of diagnosis or procedure codes unsupported by health record documentation, to inappropriately increase reimbursement, justify medical necessity, improve publicly reported data, or qualify for insurance policy coverage benefits.

Example: Changing a code at the patient's and/or business office’s request so that the service will be covered by the patient's insurance when not supported by the clinical documentation and /or requirements.

5.4. Exclude diagnosis or procedure codes inappropriately in order to misrepresent the quality of care provided.

Example: Omitting and/or altering a code to misrepresent the quality outcomes or metrics that is not supported by clinical documentation and requirements.

Example: Reporting codes for quality outcomes that inaccurately improve a healthcare organization's quality profile or pay-for-performance results (e.g. POA, risk adjustment methodologies).

6. Facilitate, advocate, and collaborate with healthcare professionals in the pursuit of accurate, complete and reliable coded data and in situations that support ethical coding practices.

Coding professionals **shall**:

6.1. Assist with and educate providers, clinicians, and others by advocating proper documentation practices and further specificity for both diagnoses and procedures when needed to more precisely reflect the acuity, severity, and the occurrence of events.

Example: Providing regular education sessions on new requirements or requirement changes.

Example: Reviewing and sharing requirements and Standards for Ethical Coding with providers, clinicians, and others.

7. Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements.

Coding professionals **shall**:

7.1. Maintain and continually enhance coding competencies in order to stay abreast of changes in codes, documentation, and coding requirements.

Example: Participating in educational programs, reading required publications, and maintaining professional certifications.

8. Maintain the confidentiality of protected health information in accordance with the Code of Ethics.[4]

Coding professionals **shall**:

8.1. Protect all confidential information obtained in the course of professional service, including personal, health, financial, genetic, and outcome information.

8.2. Access only that information necessary to perform their duties.

8.3. Maintain a remote coding work area that protects confidential health information.

Example: Health information should be protected from public and/or family viewing.

9. Refuse to participate in the development of coding and coding related technology that is not designed in accordance with requirements.

Coding professionals **shall**:

9.1. Utilize all tools, both electronic and hard copy that are available to ensure accurate code assignment.

9.2. Recognize that computer assisted coding (CAC) and/or electronic encoders are only tools and are not a substitute for the coding professional's judgment.

9.3. Utilize electronic code and code title selection technology in a manner that is compliant with coding requirements.

10. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.

Coding professionals **shall**:

10.1. Act in an honest manner and bring honor to self, peers, and the profession.

10.2. Represent truthfully and accurately their credentials, professional education, and experience.

10.3. Demonstrate ethical principles and professional values in their actions to patients, employers, other members of the healthcare team, consumers, and other stakeholders served by the healthcare data they collect and report.

11. Refuse to participate in and/or conceal unethical coding, data abstraction, query practices, or any inappropriate activities related to coding and address any perceived unethical coding related practices.

Coding professionals **shall**:

11.1. Act in a professional and ethical manner at all times.

11.2. Take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

11.3. Be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. These include policies and procedures created by AHIMA, licensing and regulatory bodies, employers, supervisors, agencies, and other professional organizations.

11.4. Seek resolution if there is a belief that a colleague(s) has acted unethically or if there is a belief of incompetence or impairment by discussing concerns with the colleague(s) when feasible and when such discussion is likely to be productive.

Example: Taking action through appropriate formal channels (i.e., internal escalation process or compliance hot line, and/or contact an accreditation or regulatory body, and/or the AHIMA Professional Ethics Committee).

11.5. Consult with a colleague(s) when feasible and assist the colleague(s) in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.

Coding professionals **shall not**:

11.6. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-exhaustive list of examples includes:

- Participating in or allowing inappropriate patterns of retrospective documentation to avoid suspension and/or increase reimbursement
- Coding an inappropriate level of service
- Miscoding to avoid conflict with others
- Adding, deleting, and altering health record documentation
- Coding from documentation that is Copied and pasted from another clinician's documentation without identification of the original author and date
- Engaging in and supporting negligent coding practices
- Participating in or allowing inappropriate retrospective provider querying.
- Reporting a code for the sake of convenience or to affect reporting for a desired effect on the results

Revised and approved by the House of Delegates December 12, 2016.

Footnotes

1. Code of Ethics, October 2, 2011
2. Ibid.
3. Guidelines for Achieving a Compliant Query Practice (2016 Update)
4. Code of Ethics. Principle III.

Resources

Code of Ethics

Ethical Standards for Clinical Documentation Improvement (CDI) Professionals

ICD-10-CM Official Guidelines for Coding and Reporting

ICD-10-PCS Official Guidelines for Coding and Reporting

EXHIBIT 30

From: Nancy J Andersen/CA/KAIPERM
To: Teresa S Welsh/CO/KAIPERM@KAIPERM
Cc: James M Taylor/CO/KAIPERM@KAIPERM
Date: 10/15/2013 12:50 PM
Subject: CO Region Physician Query for Severe Obesity

Hi Dr. Welsh,

I just left you a voice message a few minutes ago regarding my interest in talking with you about the CO region's approach to the physician query process.

I attended the recent RRG meeting and was very interested in your presentation on CO region's approach to capturing the diagnosis of severe (morbid) obesity through the use of the Medicare Query function in HealthConnect. As a long time health information management professional, I am very familiar with the physician query process and applaud CO region's efforts to effectively document clinically appropriate diagnoses.

I do have a couple of concerns regarding the query language used and how it may be viewed by CMS and the OIG.

The issue of "leading" physician queries is not a new topic of discussion within the healthcare community and in fact there have been many articles published about the appropriate query language to use as well as a Practice Brief from the American Health Information Management Association (AHIMA) which I've attached for your reference.

Industry standards regarding the use of physician queries generally follow the AHIMA Practice Brief, which in part states the following:

"It is recommended that queries be written with precise language, identifying clinical indications from the health record and asking the provider to make a clinical interpretation of these facts based on his or her professional judgment of the case. Queries that appear to lead the provider to document a particular response could result in allegations of inappropriate upcoding. The query format should not sound presumptive, directing, prodding, probing, or as though the provider is being led to make an assumption."

The language of concern on the slide below - "this patient has a suspected diagnosis" introduces a diagnosis or suspected diagnosis not previously mentioned by the provider and from a compliance perspective may be interpreted as "leading". Additionally, the provider must also be given the option in their response to a query to state the clinical indicator, in this case a BMI value, is not significant or the significance is not known. The query below appears to be directive in nature, indicating what the provider should document, rather than querying the provider for his or her professional determination of the clinical facts.

Regulation of Queries: The coding and reporting guidelines adopted by HHS by regulation those guidelines have the force of law once adopted by HHS. While the *Official ICD-9-CM Guidelines for Coding and Reporting* had previously been approved by the ICD-9-CM Cooperating Parties: CMS, the American Hospital Association (AHA), American Health Information Management Association (AHIMA), and the National Center for Health Statistics (NCHS), those guidelines have the force of law once adopted by HHS.

The Official Coding Guidelines do allow queries to be written when a diagnosis is not clearly documented and clarification is required. A query may be initiated when there is conflicting, incomplete, or ambiguous documentation in the health record. In an October 11, 2001 memorandum, CMS clarified its position. As described by the Texas Medical Foundation (TMF) Quality Institute, the quality integrity organization (QIO) for Texas, CMS said: *"Use of the physician query form is permissible to the extent it provides clarification and is consistent with other medical record documentation."*

CMS's position is that a query form should not

- be leading
- introduce new information not otherwise contained in the medical record

Dear Dr. ***,

This patient has Suspected Diagnosis: Severe Obesity

Supporting Data: BMI >=40.

- If you agree that this data indicates a diagnosis that should be documented, please:
- Double click above to open the chart as an addendum.
- Add the diagnosis to the diagnosis entry field.
- Slide all chronic diagnoses over to the problem list.
- Add supporting data or other documentation into the progress note, if indicated.
- FYI: Please use your clinical judgment in addition to the data provided to determine the correct diagnosis. If the suspected diagnosis was not evaluated, managed, or considered during this particular encounter, please update the problem list and make a plan to address it at the next visit with this patient. If the diagnosis suspected is not correct, please delete this query. This query was sent to you as a part of routine Panel Support to improve clinical documentation. If you have any questions about the Medicare Query process or the Panel Support Reviews, please reply, or forward questions to Teresa Welsh MD.

- Thank you,

- Medicare Risk Auditor

Attached are two slides with examples of compliant language which I hope you will find helpful. The revised language will not be considered "leading" while I believe still retaining the original intent of your query forms.

Please let me know a convenient time for a discussion regarding how best to ensure the capture of all appropriate diagnoses while maintaining a compliant physician query process for your region.

Warm Regards,

Nancy J Andersen MS RHIA CCS CRCR AHIMA-Approved ICD-10-CM/PCS Trainer
Senior Compliance Manager Care Delivery and Health Information Management
National Compliance Ethics and Integrity Office
Kaiser Foundation Health Plan Inc

Blackberry: 510-418-2455
nancy j andersen@kp org

Embed a culture of compliance across the care delivery enterprise that inspires the highest level of ethics and integrity

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

EXHIBIT 31

1. NW-CDI _Angina
2. NW-CDI_ Art Open
3. NW-CDI_ CHF
4. NW-CDI_CVA
5. NW-CDI_Deliruim
6. NW-CDI_DM
7. NW-CDI_DM Comp
8. NW-CDI DM Dyslipidemia
9. NW-CDI_MI
10. NW-CDI_PCM
11. NW-CDI_PNA
12. NW-CDI_RENAL
13. NW-CDI_RESP
14. NW-CDI_SEPSIS
15. NW-CDI_SIRS
16. NW-CDI_SKIN
17. NW-CDI_Urosepsis
18. NW-CDI_AA
19. NW-CDI_BMI
20. NW-CDI_NICU-NEC
21. NW-CDI_NICU-FGR
22. NW-CDI_NICU-DIC
23. NW-CDI_NICU-Aspiration
24. NW-CDI_NICU-RDS
25. NW-CDI_NICU-PNA
26. NW-CDI_NICU-CRD
27. NW-CDI_NICU-ARF
28. NW-CDI_NICU-SIRS
29. NW-CDI_NICU-SEPSIS
30. NW-CDI_General
31. NW-CDI_PVD
32. NW-CDI_C Edema
33. NW-CDI_DI Neutropenia
34. NW-CDI_Pancytopenia
35. NW-CDI_Aneurysm
36. NW_CDI_NICU Blood Group

MOST OF THESE QUERIES DO NOT PROVIDE ADDITIONAL OPTIONS FOR THE PROVIDER AS DIRECTED BY THE AHIMA PRACTICE BRIEF ON ACHIEVING A COMPLIANT QUERY PROCESS (i.e. "clinically undetermined", "unknown", etc.

NW-CDI_ ANGINA

Dear Dr._____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

Angina Pectoris
(New onset, Stable, typical, atypical)

Prinzmetal angina
Angina Decubitus (nocturnal angina)

Other (please specify)

If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

By directing the physician to "update the Problem List", this diagnosis will carry over in KPHC (EHR) and always appear in future visits, even if not related. Many records display "old" conditions with missing "treatment date".

NW-CDI_ Art Open

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

To more accurately assign the correct diagnosis code; please respond to the following by documenting:

Location (colostomy, tracheostomy, etc)

Size or Type, if applicable

Specify if complication (infection, mechanical)

Status (stable, functional)

If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_ CHF

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient. The presence of any Variant of Heart Failure (CHF) was documented in the _____ dated _____.

Based on your independent professional judgment, please update documentation if the above indicators are clinically significant and can be further specified as:

Acute, Chronic or Acute on Chronic	Unspecified (Please Specify)
Systolic, Diastolic or Combined	Other cardiomyopathy (please specify)

Is the condition secondary to another disease process (please specify: hypertension, valvular disease, rheumatic heart disease, endocarditis, pericarditis, myocarditis, cardiac or other surgery, other.)

If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_ CVA

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please update documentation if all acute deficits are clinically significant and can be further specified as:

Hemiplegia	Monoplegia
Other sequelae (aphasia, apraxia, ataxia, dysphagia, vertigo, etc)	Undetermined

If applicable, please document if the condition is **due to hemorrhage** (please specify: subarachnoid, intracerebral, intracranial, subdural, laterality) or **due to causes other than hemorrhage** (please specify: thrombosis, embolism, unspecified occlusion or stenosis).

If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_ Deliruim

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

If applicable, please clarify any known or suspected underlying cause of Altered Mental Status. Based on your clinical judgment, please document if the clinical interpretation indicates a more clinically significant diagnosis, which may include one of the following:

Deliruim (please specify if alcohol withdrawal, intoxication, drug induced, drug withdrawal, or other cause)

Encephalopathy (please specify: toxic, metabolic, septic, uremic, hepatic, anoxic, or other)

Other (please specify) Not Applicable

Please document the appropriate diagnosis, include treatment plan and update the Problem List. Thank you,

---

This "DM" CDI query is leading since it's introducing the single DM diagnosis which has "not yet dx". The query label already lists the diagnosis of "DM" and no options are available for other conditions or options for "unknown", "unspecified" , "clinically undetermined" or "other". This is not providing a reasonable option which as mentioned in the AHIMA Practice Brief.

NW-CDI_ DM

Dear Dr. _____

A review of the patient record fo
necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.
DM (not yet dx)

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

DM (please specify: type 1, type 2, drug/chemical induced, with or without coma)

If applicable, please document if the condition is linked to another disease process (please specify: hyperosmolarity, hypoglycemia, ketoacidosis, renal, neurological, ophthalmic, oral, skin, circulatory, arthropathy)

Please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_ DM Comp

Dear Dr._____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

If applicable, please document if the condition is linked to another disease process. Please specify:

Neuropathy, Chronic Kidney Disease, Nephropathy, Retinopathy, Cataract, Dyslipidemia, Peripheral Vascular Disease, Diabetic Ulcer, Skin, Oral, Other, or No Chronic Complications.)

Please document the appropriate diagnosis, include treatment plan and update the Problem List. Thank you,

---

NW-CDI_DM Dyslipidemia

Dear Dr._____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

Clinical Indicators: (Triglycerides > 150 and/or HDL < 35 and dx Diabetes)

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

Diabetic Dyslipidemia Other (please specify)

No clinical significance

A **"cause and effect"** relationship between diagnoses may not be assumed and coded unless documented by the physician. Please document (underlying condition/manifestation) if any relationship exists between these conditions and the patient's diabetes.

Please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_MI

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

STEMI (please specify: **anterior wall-** left main coronary artery, left anterior descending artery, other coronary artery of anterior wall, **inferior wall-** right coronary artery, other coronary artery of inferior wall, **other-** left circumflex coronary artery, other specified.)

Non-ST elevation MI (NSTEMI)

If applicable, please document any recent acute MIs within 28 days of admission and whether or not the current MI has occurred within 28 days of a previous MI. Additionally, please document if the patient has a history of an MI (older than 28 days), and any associated diagnoses/conditions.

Please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_PCM

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

Malnutrition Mild

Malnutrition Moderate

There are no additional options listed for this malnutrition query such as "clinically undetermined" or "unknown" (SAME AS OTHER QUERIES IN THIS DOCUMENT) .

Malnutrition Severe Other (please specify)

In addition, please document any associated diagnoses such as, due to acute disease, if applicable.

Please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_PNA

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Include Type: aspiration, community-acquired, health care associated, ventilator associated, or other

If applicable, please clarify any **known or suspected** underlying causative organism

Other Pneumonia (please specify) **Unknown / Not Applicable**

Please document if the condition is linked to another disease process (please specify: respiratory failure, sepsis, underlying lung disease, other.)

Please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_RENAL

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

Acute Renal Failure (ARF) (if applicable, please specify: due to acute tubular necrosis (ATN), acute cortical necrosis, or other as specified)

Acute on Chronic Renal Failure **Chronic Renal Failure with Stage**

Other (please specify)

In addition, please document any associated diagnoses/conditions if applicable.

Please provide the appropriate diagnosis, include treatment plan and update the Problem List.
Thank You,

NW-CDI_RESP

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

Acute Respiratory Failure

Chronic Respiratory failure

Acute on chronic respiratory failure

If respiratory failure, Please specify hypoxic, hypercapnic, or mixed

Other (please specify)

Not Clinically Relevant

In addition, please document any associated diagnoses/conditions if applicable.

Please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_SEPSIS

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

Sepsis without organ dysfunction

Severe Sepsis with organ dysfunction
(please specify: organ dysfunction- respiratory failure, encephalopathy, acute kidney failure, other)

Septic Shock

Other (please specify)

If applicable, please document if sepsis is due to: device, implant, graft, infusion, abortion.

Please provide the appropriate diagnosis, include treatment plan and update the Problem List.
Thank You,

NW-CDI_SIRS

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

SIRS without organ dysfunction (noninfectious cause)

SIRS with Organ dysfunction (noninfectious cause)

Other (please specify) Not Clinically Relevant

SIRS meets 2 of the following criteria: T>38 (100.4) or <36 (96.8
HR > 90
RR > 20 or PaCO2 < 32
WBC >12,000 or < 4,000 --OR-- >10% bandemia (1 point even if both)

If applicable, please document cause(trauma, burn, etc)

Please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

---

NW-CDI_SKIN

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

"Wound" Or "Pressure Ulcer" was documented by the RN or Wound Ostomy Nurse dated: __(date)____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

Pressure Ulcer **Vascular Ulcers**

(please specify: site, stage, with gangrene
if applicable and document if ulcer is present on admit)

Postoperative Complication

Chronic Ulcer
(except pressure ulcer) with site documented

Other / Unable to Determine

If applicable, please document the type, such as: arteriosclerotic, decubitus, diabetic, gangrenous.

Please provide the appropriate diagnosis, include treatment plan and update the Problem List.
Thank You,

NW-CDI_Urosepsis

Dear Dr._____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

Urosepsis is a nonspecific entity for coding purposes. Please specify any suspected or known associated illness and/or etiology of the Urosepsis.

Sepsis due to Urinary Tract Infection

Severe Sepsis due to Urinary Tract Infection

Urinary tract infection

Other condition (please specify)

In addition, please document if the condition is present of admission or clinically undetermined.

A **"cause and effect"** relationship between diagnoses may not be assumed and coded unless documented by the physician. If applicable, please document (underlying condition/manifestation) if any relationship exists between these conditions, such as: sepsis and UTI.

Please provide the appropriate diagnosis, include treatment plan and update the Problem List.
Thank You,

NW-CDI_AA

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please update documentation if the above indicators are clinically significant and can be further specified as:

Aortic Atherosclerosis

Atherosclerosis of Valve (please specify valve)

Other Atherosclerosis

Insignificant / Undetermined

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List. Thank You,

---

NW-CDI_BMI

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

- Severe Obesity, defined as BMI equal to or greater than 40 with or without co-morbidities
- Severe Obesity, defined as BMI 35-39.9 with 1 or more co-morbidity
- Obesity, BMI 30-35
- Comorbidity is at least in-part "due to" severe obesity

Please document any applicable comorbidities which may include: coronary artery disease, diabetes, degenerative joint disease, hypertension, hyperlipidemia, obstructive sleep apnea

If applicable, please document the appropriate diagnosis, include treatment plan, and update the Problem List. Thank you

---

NW-CDI_NICU-FGR

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Gestational Age: As specified by attending provider for newborn.
Birthweight: Below the 10th percentile for babies of the same gestational age.
Length & head circumference may be variable.
Calculators: Web based size for gestational age calculator: http://peditools.org/fenton2013

Based on your independent clinical judgment, please update documentation if the above indicators are clinically significant and can be further specified as:

- Fetal Growth Retardation
- Light for Dates without mention of
- Light for Dates with signs of Fetal Malnutrition
- Fetal Malnutrition without mention of

Fetal Malnutrition
- Other

Light for Dates
- Not able to be determined

Please specify weight with diagnosis. If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List. Thank You,

---

NW-CDI_NICU-Blood Group

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please update documentation if the above indicators are clinically significant and can be further specified as:

Hemolytic disease due to Rh isoimmunization

Hemolytic disease due to ABO isoimmunization

Hemolytic disease due to other and unspecified isoimmunization

Other (Please Specify)

If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank you,

---

NW-CDI_NICU-DIC

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please update documentation if the above indicators are clinically significant and can be further specified as:

Neonatal Coagulopathy

Disseminated Intravascular Coagulation

Neonatal Thrombocytopenia

Other (please specify) / Unknown

If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List.

Thank you,

NW-CDI_NICU-Aspiration

Dear Doctor,

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Applicable definitions:

a) **Meconium:** Meconium stained amniotic fluid and respiratory distress (tachypnea, grunting, nasal flaring, or retraction) within 1h of birth and abnormal CXR (coarse, irregular air space densities, areas of diminished aeration and consolidation alternating with areas of hyperinflation) and absence of culture proven sepsis/pneumonia or RDS.
b) **Amniotic fluid, blood, or stomach contents:** O2 requirement within 1h of birth and pulmonary infiltrates on CXR and no meconium in the amniotic fluid and no RDS, culture proven sepsis/pneumonia, or cardiac disease

Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified:

- "x" aspiration WITH respiratory distress
- "x" aspiration with pneumonia
- "x" Aspiration WITHOUT respiratory distress
- Other, please specify

If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List.

Thank you,

NW-CDI_NICU-NEC

Dear Dr. _____

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

NEC: 777.5

One or more clinical signs:

1. Bilious or bloody emesis or aspirates;
2. Abd distention,
3. Blood in the stool.

One or more radiographic findings:

1. Pneumotosis intestinalis
2. Hepato-biliary gas
3. Pneumoperitoneum

Perinatal Intestinal Perforation: 777.6

Pneumoperitoneum (or focal perforation confirmed at laparoscopy) **not** associated with pneumotosis intestinalis, hepato-biliary gas, grossly bloody stools, or significant clinical shock and DIC.

*** In most cases it must be NEC or Perforation, not both.**

Based on your independent clinical judgment, please update documentation if the above indicators are clinically significant and can be further specified as:

NEC with pneumatosis, without perforation	777.52 Stage 2
NEC with perforation	777.53 Stage 3
NEC with pneumatosis and perforation	777.53 Stage 3
Perinatal Intestinal Perforation	777.6
Other / Not able to be determined	

Question? Why does this physician query include ICD codes with actual code descriptions?

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List.

Thank You,

NW-CDI_NICU-RDS

Dear Doctor,

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

a) PaO2 <50 in room air, central cyanosis in room air, a requirement for supplemental oxygen to maintain PaO2 >50, or a requirement for supplemental oxygen to maintain a pulse oximeter saturation over 85% within the first 24hrs of life.

b) CXR consistent with RDS within the first 24 hrs of life.

Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified:

Please specify:

Respiratory Distress Syndrome	Other, please specify
Acute hypoxic respiratory failure, specify cause if known	Undetermined

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List.

Thank You,

NW-CDI_NICU-PNA

Dear Doctor,

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Presumed pneumonia: CXR and symptoms indicate pneumonia, antibiotics for ≥ 96h, no pathogen in ETT or blood cultures.

Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified:

Please specify an organism if known:
- Presumed Pneumonia
(please specify: suspected bacterial or viral)
- Health-care associated pneumonia
- Ventilator-associated Pneumonia
- Aspiration Pneumonia
- Undetermined

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List.
Thank You,

NW-CDI_NICU-CRD

Dear Doctor,

A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

a) O2 requirement due to primary pulmonary disease at 36 wks (35+4to36+3) adjusted postmenstrual age in an infant with a **birthweight <1500 grams**. If the infant is alive but not in the PSVMC NICU at 36 weeks postmenstrual age then determine whether the infant is receiving oxygen therapy at the transfer hospital or at home.

b) Infants with **birthweights >1500 grams** and prolonged O2 needs (incl. home O2) **should be classified under their primary lung problem, e.g., MAS, CDH, NOT Chronic Lung Disease**

Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified:

Please specify:

- Bronchopulmonary dysplasia (aka Chronic respiratory disease arising in the perinatal period)
- Respiratory Distress Syndrome
- Other, please specify
- Undetermined

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List. Thank You,

---

NW-CDI_NICU-SIRS

Dear Dr. _____
A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.
_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified:

- SIRS, noninfectious, without organ dysfunction

- SIRS, noninfectious, with organ dysfunction (if applicable, please specify the associated organ dysfunction)

- Other (please specify)
  SIRS: at least 3 of the following:
  –Fever (temperature >38.5°C)
  –Hypothermia (core temperature <36°C)
  –Heart rate >180 bpm
  –Tachypnea: >60 breaths/minute
  –Lethargy
  –Significant edema or positive fluid balance (>20 ml/kg over 24 h)
  –Hyperglycemia (plasma glucose >180 mg/dL)
  –Apnea > usual baseline

- No Clinical significance

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List. Thank you,

---

NW-CDI_NICU-SEPSIS

Dear Dr. _____
A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.

_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified:

–SIRS, non-infectious
–Sepsis without organ dysfunction.
– Severe Sepsis with organ dysfunction. Please specify the associated organ dysfunction and organism, if known.
–Septic Shock
–Septicemia
–Other (please specify), or no clinical significance.

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List. Thank you,

---

NW-CDI_NICU ARF

Dear Dr. _____
A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.
_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified:

Acute Renal Failure (ARF)
Acute Kidney Injury (AKI)
Other (please specify)
No Clinical Significance

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List. Thank you,

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NW-CDI_General

Dear Dr. _____
A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.
_____ (clinical indicator) _____ was documented in _____ dated _____

Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified:

_____
_____
_____
Not Applicable / No Clinical Significance

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List. Thank you,

---

NW_CDI- CEREBRAL EDEMA

Dear Dr. _____
A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.
_____ (clinical indicator) _____ was documented in _____ dated _____
Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:

Brain / Cerebral Edema	**Hydrocephalus – Specify Non-Obstructive or Obstructive**
Brain Compression	**Other – Specify**
Unspecified	**Unknown**

If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank You,

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NW_CDI-NEUTROPENIA

Dear Dr. _____
A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.
Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified as:

Drug-Induced Neutropenia	**Neutropenia Due to Infection**
Aplastic Anemia	**Leukemia**
Unspecified	**Other - Specify**

If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank you,

---

NW_CDI-PANCYTOPENIA

Dear Dr. _____
A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.
Based on your independent professional judgment, please document in your progress note or discharge summary if these clinical indictors can be further specified as:

Anti-Neoplastic Chemotherapy Induced Pancytopenia	**Other Drug-Induced Pancytopenia**
Aplastic Anemia	**Other Pancytopenia**
Clinically Insignificant	**Unknown**

If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List. Thank you,

---

NW_CDI-ANEURYSM

Dear Dr. _____
A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.
Based on your clinical judgment, can you further specify in your progress note a diagnosis to more accurately assign the correct diagnosis code:
Site (Please Specify): Abdominal Thoracic Thoracoabdominal Other
Type (Please Specify): With Rupture or Without Mention of Rupture
If applicable, please provide the appropriate diagnosis, include treatment plan and update the Problem List. Thank you,

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NW_CDI-PVD

Dear Dr. _____
A review of the patient record found that documentation clarification is necessary to meet medical necessity, accuracy of coding and to reflect the severity of illness and risk of mortality for your patient.
_____(clinical indicator)_____ was documented in _____ dated _____
Based on your independent professional judgment, please clarify if a clinically significant diagnosis is related to the above clinical indictor:
Arteriosclerosis peripheral vascular disease (please specify: with rest pain, claudication, gangrene, ulcers) if applicable.
Arteriosclerosis of by-pass graft (please specify: autologous vein, non-autologous vein of biological by-pass graft) if applicable.
Chronic total occlusion of artery of extremities Polyneuropathy
Arterial embolism and thrombosis Unknown / Not Applicable
Is the condition secondary to another disease process: Diabetes, CHF, Congenital Defects, Arrhythmia?
If applicable, please provide the appropriate diagnosis, include treatment plan, and update the Problem List. Thank you,

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EXHIBIT 32

Clinical Diagnoses & KPHC Search Words "Synonyms"	•Document diagnoses in final progress note and/or discharge summary. For example, "Protein Calorie Malnutrition, Severe: followed by RD." •Document diagnoses that you are actively treating or are affecting the patient or patient care this hospitalization. •Rule-outs count in the Hospital: Diagnoses that are DOCUMENTED IN THE DISCHARGE SUMMARY as "Possible" "Probable" "Likely" "Suspected" "?" or "R/O" are ACCEPTABLE.	
SKIN ULCER / GANGRENE ULCER / CHRONIC ULCER **"ulcer p" "gang" "ulcer c"**	**Possible Clinical Indicators:** — Braden score of ≤ 18 — Bedbound, Wheelchair or SNF patients — Nutritionally or immunocompromised patients — Current or previous diagnosis of PCM — WOC Consult — Order for wound care — Nursing notes	**MD Documentation Tips:** •Document whether ulcers are **PRESENT ON ADMISSION** or **community acquired** •Document **TYPE and SITE of all ulcers (pressure, decubitus, etc), Stage if possible.** •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. DM, atherosclerosis, trauma, PCM)
PNEUMONIA / LUNG INFECTION **"pneumon"**	**Possible Clinical Indicators:** •Abnormal X-ray w/ indication of infection/infiltrate •Positive sputum culture •Organism-specific antibiotic •Evidence or H/O aspiration, dysphagia	**MD Documentation Tips:** •Document **TYPE** of pneumonia: aspiration, bacterial, viral, fungal •Document the **CAUSATIVE or SUSPECTED ORGANISM (ie: psuedomonas, myoplasma, etc)** •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. hypoxia, respfailure, septicemia, sepsis, etc.) • "Infiltrate" ≠ "PNA" •"Bacterial PNA ≠HCC" *Example: Empirically treating for suspected gram-negative PNA*
RENAL FAILURE **"acute renal f" "ckd"**	**Clinical Indicators:** **ARF: Acute rise in Creatinine in appropriate clinical context OR R.I.F.L.E. Spectrum:** •**Risk:** Inc Cr by 1.5x **or** Dec GFR > 25% **or** UO <0.5ml/kg/h x 6hr; •**Injury:** Inc Cr by 2x **or** Dec GFR > 50% **or** UO <0.5ml/kg/h x 12h; •**Failure:** Inc Cr by 3x **or** Dec GFR > 75% **or** UO <3ml/kg/h x 24h **or** UO = 0 x 12h **or** Cr ≥ 4 with an acute rise > 0.5 mg/dl **CRF or CKD: CKD1:** Kidney damage - Persistent proteinuria, structural kidney disease (cyst), nephritic, asymptomatic UA abnormal. or other radiological abnormalities with a normal GFR>90 **CKD 2:** GFR 60-89 and above CKD 1 structural findings, retinopathy **CKD 3:** GFR 30-59 **CKD 4:** GFR 15-29 **CKD 5:** GFR <15, patient is not on dialysis **ESRD:** GFR <15, patient is on RRT: HD or PD	**MD Documentation Tips:** •Document **ACUTE, CHRONIC or ACUTE ON CHRONIC** •Consider **ARF / AKI using RIFLE criteria** •Document **CKD STAGING 1 -5 using GFR scale** •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. DM, HTN, PCKD, transplant complication) •"Nephropathy" ≠ "CKD" •"Acute Renal insufficiency" ≠ "Acute Renal Failure" •"Azotemia" or "Uremia" ≠ "Renal Failure" •"Pre-Renal Renal Failure" ≠"Renal Failure"
PVD/PAD **"peri vas d" "pvd"**	**Possible Clinical Indicators / Symptoms:** •Ulcers, venous stasis, venous insufficiency, surgical H/O bypass •Ankle-Brachial index (ABI < 0.9) •May include rest pain after recumbence, numbness, tingling or weakness in legs	**MD Documentation Tips:** •Document **DIAGNOSIS of PVD** (excludes carotid, basilar and vertebral art stenosis) •Document the **PRESENCE and SITE** of any **DVT** or other **THROMBOSIS** •Document **DIAGNOSIS** of **Aortic Atherosclerosis or Aneurysm** from imaging • "Venous insufficiency" ≠ "PVD"
CANCER **"breast ca," "prostate", "colon ca"** **"metast" "hx ca"**	**Possible Clinical Indicators:** •**Primary Sites & any Invasive / Metastatic Sites** shown on imaging, biopsy, lab, path report •Active cancer is supported by tests, meds, treatments, palliative, &/OR hospice care.	**MD Documentation Tips:** •Document whether cancer is **ACTIVE** vs. **"HISTORY OF"** •Document **H/O Cancer by "NED": No Evidence of Disease.** •Document the **PRIMARY SITE** •Document the **METASTATIC SITE** •Document all **RELATED CONDITIONS** (i.e. path fractures, PCM or cachexia, decubiti, major depression)
HEMIPLEGIA / HEMIPARESIS / STROKE **"late effect" "CVA"**	**Clinical Indicators:** • LATE / RESIDUAL EFFECTS of CVA can include: – **Hemiplegia OR Hemiparesis** (Acute or Late Effect STROKE) – Evidence of unilateral weakness or hemiplegia (PT notes)	**MD Documentation Tips:** •Document **TYPE** of stroke (ischemic, hemorrhagic, etc) •Document whether **OLD vs. NEW** •Document all **LATE or RESIDUAL CONDITIONS** •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. coma, brain compression, cerebral edema, hemiparesis / hemiplegia, etc.) • "Weakness" ≠ "Hemiplegia"
FRACTURES **"fra" "after"**	**Possible Clinical Indicators:** •"Acute Fracture" = Abnormal X-ray stating Fx site •"Chronic Fracture" = Compression Fx w/ symptoms &/OR treatment •"Aftercare Fracture" = fractures already treated ≤ 90 days post Fx: No HCC •"H/O Fracture" = fracture is >90 days old, resolved: No HCC	**MD Documentation Tips:** •Document **OPEN vs. CLOSED & LOCATION** of all Fractures •Document whether Acute, Aftercare, Chronic Path Fx or H/O Fx •Document whether **EACH** fracture is **TRAUMATIC vs. PATHOLOGIC** •Document any/all **INTRACRANIAL INJURIES** •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. CA, osteoporosis, complications of Fx)
COMA / BRAIN COMPRESSION **"coma"**	**Clinical Indicators:** •Document "**COMA**" when pt. has: —Glasgow coma scale of ≤ 8 **OR** NIHSS score of 3 on question 1a (re: LOC) —No purposeful movement —is comatose —demonstrates only reflex responses to stimuli (i.e. pain) —has transient unresponsiveness (based on clinical judgment) •Document "**BRAIN COMPRESSION**" when pt has: – midline shift, – cerebral edema – mass effect – obstructive hydrocephalus	**MD Documentation Tips:** •If the **"COMA"** is resolved during the course of treatment, document "**COMA RESOLVED**" (based on clinical judgment, no time duration associated with 'coma' definition) •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. CVA, DM, respiratory failure) •No time duration associated with "Coma" definition. •A description of "comatose", "stupor" "unresponsive" "obtunded" ≠ Dx of "coma"

SEPSIS / SEPTICEMIA **"sepsis"**	**Clinical Indicators:** **SIRS:** Any **TWO** of the following: – **WBC > 12K OR < 4K** – **T > 38 (100.4) OR < 36 (96.8)** – **Pulse or HR > 90** – **RR > 20** – **Bands > 10%** – **ALOC** **Sepsis:** •Any **TWO** of the above **SIRS** Indicators **AND** •A Diagnosis of **related current infection** **Bacteremia:** Positive blood culture (w/out fever)-No HCC **Septicemia: Bacteremia AND fever** > 38 (100.4) **Severe Sepsis:** •Documented **Sepsis AND** • **Acute organ dysfunction OR** • **Lactate >2** (Indicator for Severe Sepsis, not SIRS) **Septic Shock** •Documented **Sepsis** or **Severe Sepsis AND Hypotension**	**MD Documentation Tips:** •Document **APPROPRIATE DIAGNOSIS** (Septicemia, SIRS, Sepsis, Severe Sepsis, Septic Shock) •NOTE: Sepsis/SIRS diagnosis does not require a Positive Blood Cx. •Document **INDICATORS** for Diagnosis •Document **UNDERLYING INFECTION**, (known or suspected) •Document **UNDERLYING NON-INFECTIOUS CONDITION**, (known or suspected, i.e. pancreatitis, cholecystitis, burn, trauma, etc.) •"Urosepsis" ≠"Sepsis"; "Bacteremia" ≠"Septicemia" •"Septicemia" = "Sepsis" *Example: SIRS or Sepsis due to PNA or other infectious Process; SIRS due to Acute Pancreatitis, or other Non-infectious Process*
DIABETES W/ MANIFESTATIONS **"dm"** **"dm ckd" "dm 2"**	**Clinical Indicators:** •**Diabetic Renal Manifestation** —CKD, Nephropathy, renal insufficiency, proteinuria, microalbuminuria or abnormal GFR, high BUN or CR •**Diabetic Peripheral Circulatory Manifestation** —PVD, peripheral venous insufficiency or venous stasis •**Diabetic Neurological Manifestation** —Neuropathy or peripheral neuropathy	**MD Documentation Tips:** •**Document and LINK ALL other DM ASSOCIATED CONDITIONS**: – DM w/ DM PVD or CKD – DM w/ DM NEUROPATHY – DM w/ DYSLIPIDEMIA (low HDL<40 and high Tg>200; WNL on rx) – DM w/ ERECTILE DYSFUNCTION • "Nephropathy" ≠ "CKD"
PCM / CACHEXIA / MALNUTRITION **"pcm" "mal" "cac"**	**Clinical Indicators (Two (2) or more required):** —Either Albumin ≤ 3.0 g/dl **OR** Pre-albumin ≤ 12 mg/dl —Either Pressure ulcer ≥ Stage 2 **OR** any non-healing wound —Either BMI ≤18 **OR** Patient's current weight is < 90% of ideal body weight —**Both** >10% weight loss of usual body weight **AND** H/O poor oral intake Note: Labwork is a clinical indicator but it is NOT required to diagnose	**MD Documentation Tips:** •Read and Be Guided by RD Note •**Severe PCM:** requires 3 criteria. •Consider PCM in pts w/ CA, decubiti, on supplements &/or TPN • "Cachexia" = PCM HCC • "Cachectic" ≠ "Cachexia"; Failure to Thrive ≠Malnutrition
ARTIFICIAL OPENING **Feedings/Ostomies** **"osto"**	**Possible Clinical Indicators:** •Consider patients with – Enteral feedings – look for corresponding ancillary documentation w/out MD documentation – WOC nurse care for Ostomy – Surgical history of –Ostomy, w/o history of take-down	**MD Documentation Tips:** •Document **all artificial openings** for feeding or elimination •Does **NOT** include Tracheostomy •Document all **COMPLICATIONS** •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. PCM or cachexia, CA)
HYPOXIA / RESPIRATORY FAILURE & SHOCK **"chronic resp fail" "ARF" "hypox"**	**Clinical Indicators:** •**Hypoxia** –Hypoxia is a diagnosis captured based on MDs clinical assessment –Consider capturing "Hypoxia" if SaO2 ≤88% •**Chronic Respiratory Failure**: –PaO2 < 60 mm Hg with or w/o arterial partial pressure of PaCO2 > 50mm Hg **OR** –SaO2 ≤88% with or w/o arterial partial pressure of PaCo2 >50mm Hg while breathing air at sea level for >3mo. –Consider capturing "Chronic Resp Failure" when pt managed w/home O2. •**Acute Respiratory Failure**: –Consider capturing "Acute Resp Failure" if pt on mechanical ventilation, bipap, cpap, increased work of breathing, etc. •**Shock:** –Consider if treated w/ fluid boluses, transfusion and/or pressors to maintain hemodynamic stability	**MD Documentation Tips:** •Document **ACUTE, CHRONIC, or ACUTE ON CHRONIC** •Document "**HYPOXIA**" or "**HYPOXEMIA**" in appropriate patients •Document **RESPIRATORY DISTRESS** as **ACUTE** vs. **CHRONIC** •Document **CAUSE of shock** (i.e. hypovolemic,septic,cardiogenic,etc) •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. sepsis, coma, acute lung edema, V Fib, V Flutter) • "O2 Dependent" ≠ "Chronic Respiratory Failure" • "Hypoxemia" = "Hypoxia" • "Hypoxemic" or "Hypoxic" ≠ "Hypoxia" • "Hypoxia" = ARF HCC
HEART FAILURE **"heart fail"**	**Possible Clinical Indicators:** • Abnormal BNP • Abnormal X-ray with indication of pulmonary edema, pleural effusions • Low EF • Abnormal Systolic or Diastolic Function on ECHO • SOB / Peripheral edema / Anasarca / Treatment w/ diuretic	**MD Documentation Tips:** •Document **ACUTE, CHRONIC**, or **ACUTE ON CHRONIC** •Document whether **SYSTOLIC** or **DIASTOLIC FAILURE** •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. left heart failure, cardiomyopathy, pulmonary HTN, hypoxia, etc.) • "**Diastolic Dysfunction" ≠ "Diastolic Failure"**
ARRHYTHMIA **type in name of rhythm to locate**	**Possible Clinical Indicators:** •Abnormal EKG & / or telemetry strip reading •Abnormal Stress Test •Abnormal Holter Monitor •NOTE: Cannot capture HCC **:** If pacemaker or EPS procedure made patient asymptomatic and MD is not actively treating	**MD Documentation Tips:** •Document all **cardiac arrhythmias** such as PSVT, AFib, AFlutter •Document to **Confirm / Clarify EKG finding(s)**
MI / ANGINA **"myocar"**	**Possible Clinical Indicators:** •Abnormal EKG & / or telemetry strip reading **Angina, Stable or Unstable:** —If pt is asymptomatic and there is ongoing treatment for condition **OR** —If pt has signs or symptoms even if managed by medication **"Subsequent care for an MI" = occurred <8 weeks ago** vs. "**Old MI" = occurred > 8 weeks ago** •NOTE: Cannot capture HCC **:** If CABG, stent, or angioplasty made patient asymptomatic and MD is not actively treating	**MD Documentation Tips:** •Document all **MI diagnoses with the treatment or monitoring plans** •Document whether **ACUTE or OLD MI** (specify date if old) •Document any **POST-MI SYNDROME** •Document all **CORONARY OCCLUSIONS w/o MI** •Document any **DEMAND ISCHEMIA** •Document **TYPE OF ANGINA** as unstable vs. stable •If patient is asymptomatic on meds, consider "stable angina on specific med"
TRAUMATIC AMPUTATION / S/P AMPUTATION **"amput"** **Rev. 3- 22-11**	**Possible Clinical Indicators:** •Wheelchair or Bedbound •WOC consult •PT notes •RD notes	**MD Documentation Tips:** •Document **ALL** amputations •Document **SITE & LEVEL** of Amputation •Document **MECHANISM** (i.e. surgical, traumatic, crush, etc) •Document all **UNDERLYING & RELATED CONDITIONS** (i.e. PVD, DM, non-healing, infected, sepsis, gangrene)

EXHIBIT 33

CDI Prioritization for Roll Out

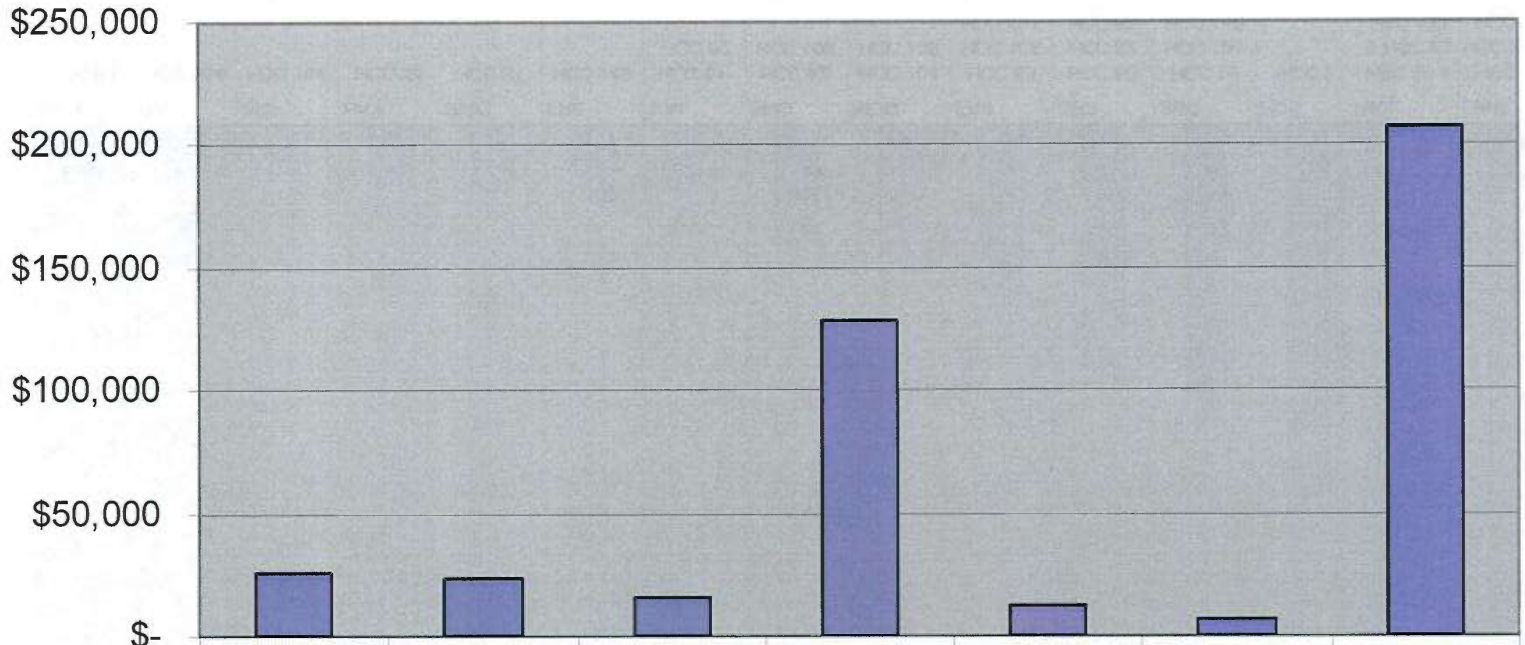
July 2010

Criteria

- Internal Audit results
- External Audit results
- HCC Recapture
- Staffing Candidates

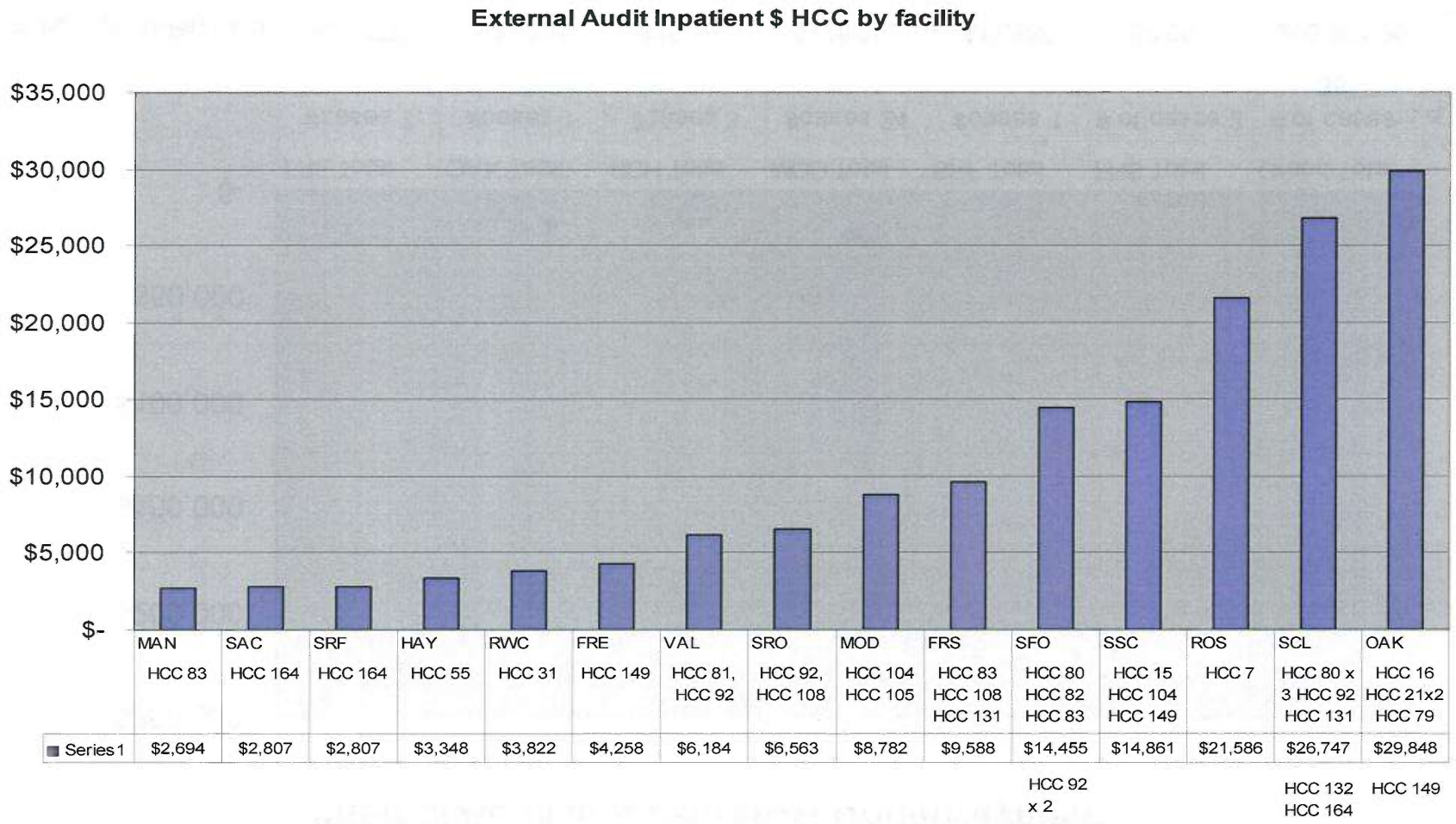
- Note: If one Med Ctr in a pair was identified with opportunity, then other Med Ctr was included in roll out.

Internal Audit Inpatient HCC UnderPayment



	FRE Total #cases 7	OAK Total #cases 1	RCH Total #cases 3	MOD Total #cases 24	SRF Total #cases 1	FRS Total # of cases 2	Grand Total # of cases 38
HCC UnderPayment	$26,175	$23,321	$16,167	$128,653	$12,665	$7,060	$206,981.00

VH00364

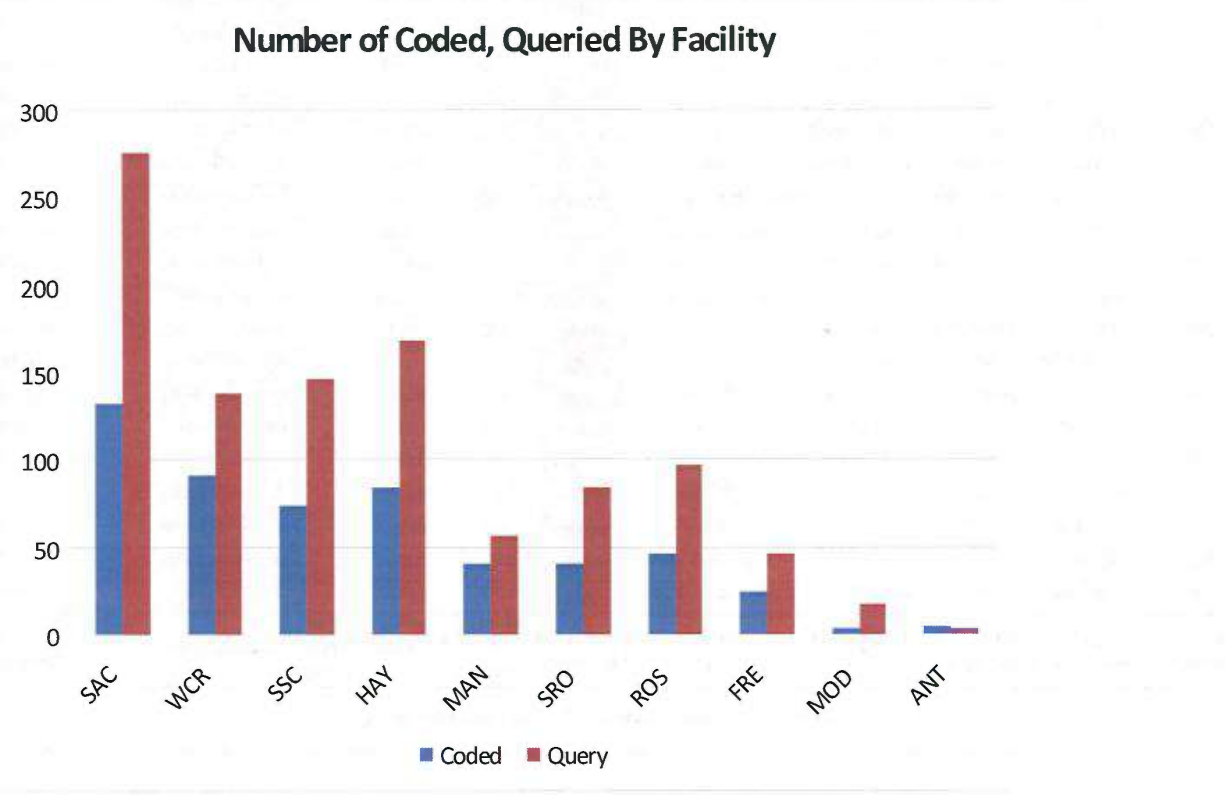


All 21 hospitals audited – these are only hospitals with findings.

VH00365

Facility Breakdown

HCC Recapture 2008



*Note variance may be due to when facilities went live on IP2. Review is only based on facilities with full EHR.

VH00366

Available Staffing

Clinical Documentation Integrity Program - Recruiting Tracking

		Candidate First Name	Candidate Last Name	Not Interested	Email Address	Date Resume Rec'd	Position of Interest	Clinical or HIM	Credential/ Degree	Source	Relo FROM: City & State	Phone Screen DATE	Medical Center
29	25	Janice	Bayol	Pending-med ctr		5/3/10	CDIC QA	HIM	RHIT,CCS,CPC,CPC-I	KP-not KP ee	Pacheco	5/12 @ 2	WCR
30	26	Donna	McIvor	Pending-med ctr		2/23/10	CDIC	Clinical	RN, MSN, BSN	KP - KFHP	San Jose	3/2 @ 2pm	SJO
31	27	Linda	Zwass	Pending-med ctr		12/1/09	CDIC	Clinical	RN, MS	KP	Milbrae	2/1 @ 2:30	RWC
32	28	Rhowena Defante	Arceo	Pending-med ctr		10/3/09	CDIC	Clinical	MD, CCS	KP	SCAL	2/12 @ 2pm	SRO
33	29	Nancy	Morales	Pending-med ctr		12/26/09	CDIC	Clinical	RN, BSN, CPC	KP - KFH	Fresno	1/18/10	SRO
34	30	Vicki	Polster	Pending-med ctr		1/4/10	CDIC	Clinical	RN, BSN	NHS	Auburn, CA	1/25 @ 3:30	ROS
35	31	Ugo	Nzeadibe	Pending-med ctr		1/8/10	CDIC	Clinical	RN, MSN	KP - KFH	Brentwood	1/19/10	ANT
36	32	Ann	Gubler	Pending-med ctr			CDIC	Clinical	RN	KP - KFH	Oakley	2/12 @ 4pm	ANT
37	33	Valerie	Goodwin	Pending-med ctr		2/16/10	CDIC	Clinical	RN	KP - KFH	Brentwood	3/2 @ 3	ANT
38	35	Gail	Worth	Pending-med ctr		2/11/10	CDIC QA	Clinical	RN,BSN,MPH	KP - KFH	Oakland	2/19 @ 4	WCR
39	36	Karyn (Denise)	Snipes	Pending-med ctr		1/26/10	CDIC	Clinical	RN, BSN,MPA	KP - KFH	Hayward	1/27 @ 4	HAY
40	37	Lateef	Ogunleye	Pending-med ctr		12/16/09	CDIC QA	Clinical	RN, BSN, MS	KP - KFH	Vacaville	3/1 @ 4	OAK
41	38	Joanna	Moore	Pending-med ctr		1/8/10	CDIC	Clinical	RN, MSN. CCM, CPHM	KP - KFH	Placerville	1/26 @ 3	SAC
42	39	Navdip	Gill	Pending-med ctr		1/8/10	CDIC	Clinical	RN	KP-not KP ee	Manteca	1/21/10	SAC
43	40	Deborah Ann	Wilkens	Pending-med ctr		1/12/2010	CDIC	Clinical	R.N., B.S.N.	KP-not KP ee	Stockton	2/1 @ 4	MOD
44	41	Becky	Mann	Pending-med ctr		6/1/10	CDIC	Clinical	RN	On Assign	Napa	6/11 @ 11	VAL
45	42	Kerry	Petersen	Pending-med ctr		6/9/10	CDIC	Clinical	RN BSN	Stern Assoc	Benecia	6/23 @ 11	VAL
46	43	Deborah	Sims	Pending - TPMG		3/8/10	CDIC QA	HIM	RHIT	KP-TPMG	Hayward	3/16 @ 2	
47	44	Chara	Perez	Pending - TPMG		5/18/10	CDIC	Clinical	RN	KP-TPMG	Turlock	6/3 @ 5:30	
48	45	Anita	Price	B candidate		12/15/09	CDIC	Clinical	RN, BSN, CCM	NHS	SAC	1/25 @ 4pm	ROS
49	46	Fraulein S.	Nelson	B candidate		12/16/09	CDIC	Clinical	RN, MSN	KP-not KP ee	Folsom,CA	2/1 @ 2	ROS
50	47	Ann Eliese	Wolff	B candidate		10/13/09	CDIC	Clinical	RN	KP - KFH	Brentwood	10/15/09	ANT
51	48	Ellen	Geohegan	B candidate		1/11/2010	CDIC	Clinical	RN, BS	KP	Santa Rosa	1/22/10	SRO
52	49	Geri	Tanimoto	B candidate		1/18/10	CDIC	Clinical	RN, MS	KP	SanLeandro	1/29 @ 4	OAK
53	50	Reshma	Sharma	B candidate		11/29/09	CDIC	Clinical	RN,MHA,BSN	KP	Modesto	12/18/09	MOD
54	51	Valerie	Toler	B candidate		1/8/10	CDIC	Clinical	RN, BA, LNC	KP	Hayward		HAY
55	52	Jane	Terman	B candidate		1/8/10	CDIC	Clinical	RN, CNOR, OHN	KP	OR		
56	53	Napoleon	Nazareno	B candidate		11/28/09	CDIC	Clinical	RN	KP	Hayward		

VH00367

CDI Priority Sites

- Walnut Creek & Antioch
- Roseville with Sacramento
- San Jose & Santa Clara
- Oakland & Richmond

Clinical Documentation Integrity Program Staffing Waterfall Template v2.5 (26-Jul-10)

NO DATA ENTRY EXCEPT IN GREEN-SHADED COLUMNS				
Medical Center Use drop down menu (Column B) ONLY		CDI Start Date (MM/DD/YY)	New Hires Must Start No Later Than:	CDI "Go Live" Complete
SSC	South Sacramento (SSC)	7-Dec-09	7-Nov-09	6-Jan-10
SSF	South San Francisco (SSF)	15-Sep-10	16-Aug-10	15-Oct-10
SAC	Sacramento (SAC)	10-Nov-10	11-Oct-10	10-Dec-10
ROS	Roseville (ROS)	10-Nov-10	11-Oct-10	10-Dec-10
WCR	Walnut Creek (WCR)	10-Nov-10	11-Oct-10	10-Dec-10
ANT	Antioch (ANT)	10-Nov-10	11-Oct-10	10-Dec-10
SJO	San Jose (SJO)	12-Jan-11	13-Dec-10	11-Feb-11
SCL	Santa Clara (SCL)	12-Jan-11	13-Dec-10	11-Feb-11
OAK	Oakland (OAK)	12-Jan-11	13-Dec-10	11-Feb-11
RCH	Richmond (RCH)	12-Jan-11	13-Dec-10	11-Feb-11
FRE	Fremont (FRE)	23-Feb-11	24-Jan-11	25-Mar-11
HAY	Hayward (HAY)	23-Feb-11	24-Jan-11	25-Mar-11
SRO	Santa Rosa (SRO)	23-Feb-11	24-Jan-11	25-Mar-11
SRF	San Rafael (SRF)	23-Feb-11	24-Jan-11	25-Mar-11
FRS	Fresno (FRS)	6-Apr-11	7-Mar-11	6-May-11
MAN	Manteca (MAN)	6-Apr-11	7-Mar-11	6-May-11
MOD	Modesto (MOD)	6-Apr-11	7-Mar-11	6-May-11
SFO	San Francisco (SFO)	18-May-11	18-Apr-11	17-Jun-11
RWC	Redwood City (RWC)	18-May-11	18-Apr-11	17-Jun-11
VAL	Vallejo (VAL)	13-Jul-11	13-Jun-11	12-Aug-11
VAC	Vacaville (VAC)	13-Jul-11	13-Jun-11	12-Aug-11

VH00369

EXHIBIT 34

NW Neonatal Malnutrition Review

March, 2015

Presented by:
Gloryanne H. Bryant, RHIA, CDIP, CCS, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
National Director Coding Quality, Education, Systems and Support

and

Sherry A. Davis, RHIA, CCS, AHIMA Approved ICD-10-CM/PCS Trainer
HIM Coding Practice Leader – National Revenue Cycle

revenueCYCLE

KAISER PERMANENTE

Background

- Late last year (2014), National Coding Quality received questions about assigning protein calorie malnutrition (PCM) on neonatal birth charts from NW Region HIM.
- There were concerns about the clinical indicators required to support a diagnosis of PCM for a neonate.
- NW HIM Coding Leadership asked National Coding to review some inpatient medical records to determine if there was adequate documentation to support a PCM diagnosis.

Overview/Rationale

- Protein calorie malnutrition (PCM) is a form of undernutrition. Infants are susceptible because of their high demand for energy and essential nutrients. This can be complicated by an inability to feed properly, especially if the gestational age is under 34 weeks.
  - Source?
- PCM is also an inpatient Complication/Comorbidity (CC) that increases the MS-DRG weight of the encounter.
- PCM is also an HCC under ACA HHS that increases the risk adjustment score for a patient and thus has a financial impact.
- It is critical that coding professionals review all documentation to ensure that it supports a diagnosis of PCM because of the impact of PCM on both patient outcomes (severity of illness and risk of mortality) and reimbursement.

Scope

- Review a total of 8 inpatient neonatal NICU records selected by NW Coding Leadership for documentation supporting a diagnosis of PCM.
- Compare the documentation to the Kaiser National Inpatient Malnutrition Identification and Documentation Policy and Procedure Template.
- Determine if PCM was documented by the physician and was supported by the clinical documentation.
- Determine if the inpatient coding professional correctly coded a PCM diagnosis.

Goals and Objectives

- Determine the adequacy of chart documentation for PCM diagnoses as outlined in the KP National Policy and Procedure.
- Determine the coding accuracy for PCM diagnoses for the charts reviewed.
- Report and summarize findings and make recommendations for coder training, if applicable.
- Make recommendations for documentation improvement, if applicable.
- Communicate findings and recommendations to NW Regional HIM Coding Leadership.

Review Methodology

- All chart documentation related to PCM was reviewed for 8 NICU records.
- The following elements were recorded:
  - Admit Date
  - Discharge Date
  - Sex
  - Gestational Age (wks. days)
  - Birth Weight in grams
  - Head Circumference in cm (OFC)
  - Length in cm
  - Apgars 1 min
  - Apgars 5 min
  - Was protein calorie malnutrition documented by physician?
  - Was protein calorie malnutrition assigned by coder?
  - Nutritionally High Risk Diagnoses*
  - Anthropometric/Functional Criteria*

* Based on KP Natl. Inpatient Malnutrition Identification & Documentation Policy and Procedure Template

Review Methodology - continued

Nutritionally High Risk Diagnoses*

- Assigned diagnosis codes were reviewed to determine if nutritionally high risk diagnoses were present.
- Per KP Policy, at least one must be present for PCM.
- The following list of diagnoses were used:
  - Burn(s)/Trauma
  - Cancer/Chemo
  - Chronic illness/prolonged hospital stay (not defined)
  - Chronic Kidney Disease
  - Congenital Heart Disease
  - Crohn's Disease
  - Cystic Fibrosis
  - Eating Disorder (Not defined for newborn)
  - Failure to Thrive
  - HIV/AIDS
  - Neurological impairment/Cerebral Palsy
  - Short bowel/Celiac/Gastro-intestinal disorders (including malabsorption)

* Based on KP Natl. Inpatient Malnutrition Identification & Documentation Policy and Procedure Template

Review Methodology - continued

Anthropometric/Functional Criteria:

- Per KP Policy:
  - 2 indicators = moderate PCM
  - 3 indicators = severe PCM.
- The Fenton 2013 Growth Calculator for Preterm Infants* was used to calculate the Anthropometric/Functional scores.

PCM diagnosis was determined to meet clinical guidelines if:

- **At least one** nutritionally high risk diagnoses was documented and coded, **and**
- **At least two** anthropometric/functional criteria were met.

NOTE: Reviewers focused on objective criteria. Some clinical indicators required access to the clinical chart and/or clinical skills. This is outside the scope and expertise of the reviewers.

* http://peditools.org/fenton2013/index.php

Review Methodology - continued

Coding Validation and Documentation Review:

- Chart documentation from the physicians, nursing, and dieticians were recorded to show supporting clinical documentation for diagnoses.
- Code assignments for the following conditions were validated:
  - Protein calorie malnutrition
  - Prematurity
  - Weeks of gestation
  - Diagnoses listed as nutritionally high risk.

Assessment/Review Findings

Analysis of Protein Calorie Malnutrition Diagnoses:

Description	Number	Percentage
PCM documented by physician	5 of 8	63%
PCM met clinical guidelines	0 of 8	0%
Coder assigned PCM	0 of 8	0%
Coder queried physician about PCM	Unknown	Unknown

Observations - Coding

- Diagnosis codes for PCM should have been assigned in 5 cases where the physician specifically documented it.
- If the clinical documentation was unclear of uncertain to support a code assignment, the coding staff should have queried the physicians.
- If the physicians were queried, they never changed the chart documentation in the medical record to delete PCM.
- Coding staff must assign codes based on physician documentation, not make an assumption about the validity of the code.

Observations - Documentation

- **The lengths of stay (LOS) were:**
  - 4 charts with LOS of 28 days or more.
  - 4 charts with LOS of 14 days or less.
- **Nutritionally high risk diagnoses:**
  - 6 charts only had Feeding Problem in NB.
    - **NOTE:** The reviewers included this as an Eating Disorder, but we could not find a definition related to Newborns that confirmed this.
  - 1 chart had Feeding Problem in NB, Congenital Heart Disease, and possible Neurological Impairment.
  - 1 chart had no nutritionally high risk diagnoses.
- **Anthropometric/Functional Criteria:**
  - 7 charts did not meet any of the criteria.
  - 1 chart met only one criteria

Recommendations

- Additional clinical review of the charts be performed to determine if the neonate truly had protein calorie malnutrition (PCM).
- Coding staff should be trained on the objective clinical indicators of PCM for neonates.
- A query process within KPHC should be utilized to facilitate and record coders queries to physicians.
  - Track and trend queries on a monthly basis
- Coding staff should receive refresher training on when to assign codes based on physician documentation and when to query physicians.
- Suggest discussing possible changes in physician documentation to make the supporting clinical information simpler for the coding staff or other reviewers to find.

Thank you

References/Resources

- insert

EXHIBIT 35

NCAL CDI

Tue 6/13/2017 2:23 PM

Emily L Emmons <emily.l.emmons@nsmtp.kp.org>

Re: Question Regarding Smart Phrase Options Available to Physicians for Diagnosing Malnutrition

To Steve Olson

Cc Erica Eastham; Gloryanne H. Bryant; Rizalyn A. Andrews; Ronda X. Alston; Svitlana Ozhyndovskyy; Tracie Paiva

Bing Maps + Get more add-i

Thank you so much for researching this, Dr. Olson. That is very helpful.

Best regards,

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
Kaiser Permanente Northern California
Revenue Cycle
1800 Harrison, 10th Floor
Oakland, CA 94612
(510) 368-3138

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Steve Olson---06/13/2017 02:19:46 PM---Hi Emily, Thanks for bringing up a concern.

From: Steve Olson/CA/KAIPERM
To: Emily L Emmons/CA/KAIPERM@KAIPERM
Cc: Erica E Eastham/CA/KAIPERM@KAIPERM, Gloryanne H Bryant/CA/KAIPERM@MSO365, Rizalyn A Andrews/CA/KAIPERM@MSO365, Ronda Alston/CA/KAIPERM@KAIPERM, Svitlana S Ozhyndovskyy/PD/KAIPERM@KAIPERM, Tracie Paiva/CA/KAIPERM@KAIPERM
Date: 06/13/2017 02:19 PM
Subject: Re: Question Regarding Smart Phrase Options Available to Physicians for Diagnosing Malnutrition

Hi Emily,

Tue 6/13/2017 2:20 PM

Steve Olson <steve.olson@nsmtp.kp.org>

Re: Question Regarding Smart Phrase Options Available to Physicians for Diagnosing Malnutrition

To Emily L. Emmons

Cc Erica Eastham; Gloryanne H. Bryant; Rizalyn A. Andrews; Ronda X. Alston; Svitlana Ozhyndovskyy; Tracie Paiva

Bing Maps + Get more add-in

Hi Emily,

Thanks for bringing up a concern.

The smartphrases in question are used by the RD's and not by the physicians.
The RD's simply state the objective PCM criteria they are qualified to determine, and objectively document how those criteria align with the accepted PCM guidelines for RD's across the entire KP program.
These are not CDI queries.
The RD's ask the physicians to document appropriately based on their findings.

To my knowledge there are not regional smartphrases being used by physicians to document PCM severity.
I just did a search of system smartphrases searched "nutrition" , "malnutrition" and "PCM" with no hits for anything other than RD phrases.

Steve O

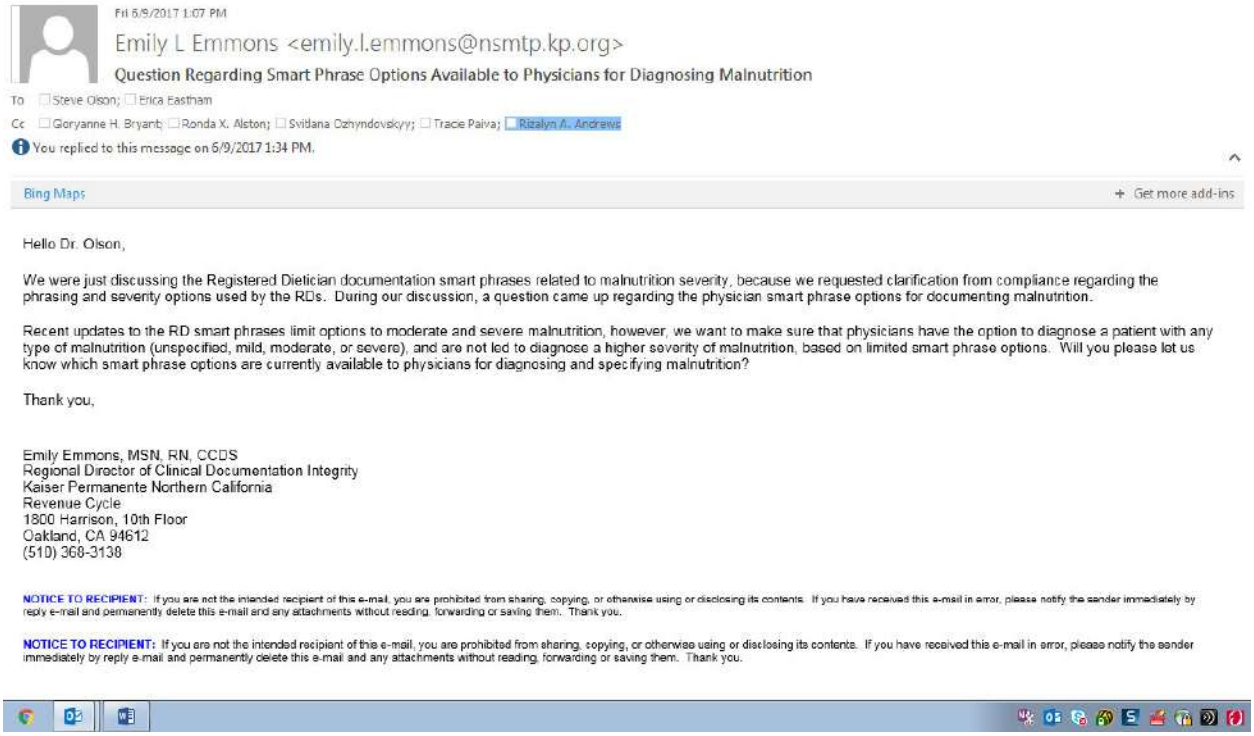
Steve Olson, MD
Family Physician | TPMG Regional Director

Kaiser Permanente
Encounter Information Operations
1950 Franklin, 7th Floor
Oakland, CA 94612

Primary Phone: 510-301-3802 (Mobile)
Oakland Office 510-987-3041 (8-427-3041 tie-line)
Santa Rosa Office 707-393-3460 (8-533-3460 tie-line)
Jennifer M Witt (assistant) 510-987-2771 (8-427-2771 tie-line)
---
kp.org/thrive

Fri 6/9/2017 1:07 PM

Emily Emmons, NCAL CDI Director (Revenue Cycle)



Fri 6/9/2017 1:07 PM

Emily L Emmons <emily.l.emmons@nsmtp.kp.org>

Question Regarding Smart Phrase Options Available to Physicians for Diagnosing Malnutrition

To Steve Olson; Erica Eastham

Cc Gloryanne H. Bryant; Ronda X. Alston; Svitlana Ozhyndovskyy; Tracie Paiva; Rizalyn A. Andrews

You replied to this message on 6/9/2017 1:34 PM.

Bing Maps + Get more add-ins

Hello Dr. Olson,

We were just discussing the Registered Dietician documentation smart phrases related to malnutrition severity, because we requested clarification from compliance regarding the phrasing and severity options used by the RDs. During our discussion, a question came up regarding the physician smart phrase options for documenting malnutrition.

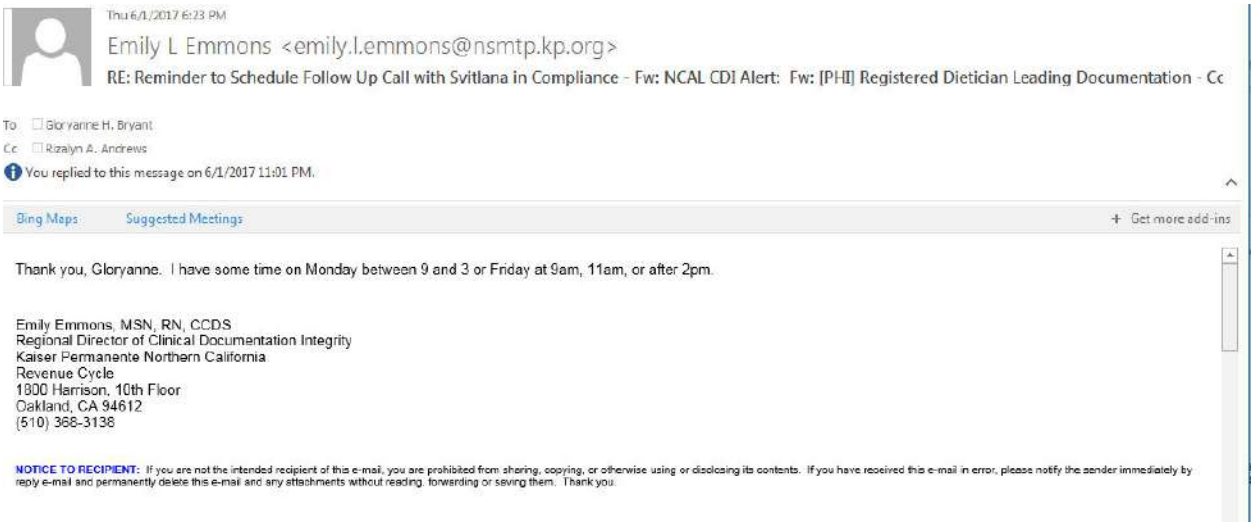
Recent updates to the RD smart phrases limit options to moderate and severe malnutrition, however, we want to make sure that physicians have the option to diagnose a patient with any type of malnutrition (unspecified, mild, moderate, or severe), and are not led to diagnose a higher severity of malnutrition, based on limited smart phrase options. Will you please let us know which smart phrase options are currently available to physicians for diagnosing and specifying malnutrition?

Thank you,

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
Kaiser Permanente Northern California
Revenue Cycle
1800 Harrison, 10th Floor
Oakland, CA 94612
(510) 368-3138

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Thu 6/1/2017 6:23 PM

Emily L Emmons <emily.l.emmons@nsmtp.kp.org>

RE: Reminder to Schedule Follow Up Call with Svitlana in Compliance - Fw: NCAL CDI Alert: Fw: [PHI] Registered Dietician Leading Documentation - Cc

To Gloryanne H. Bryant

Cc Rizalyn A. Andrews

You replied to this message on 6/1/2017 11:01 PM.

Bing Maps Suggested Meetings + Get more add-ins

Thank you, Gloryanne. I have some time on Monday between 9 and 3 or Friday at 9am, 11am, or after 2pm.

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
Kaiser Permanente Northern California
Revenue Cycle
1800 Harrison, 10th Floor
Oakland, CA 94612
(510) 368-3138

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Wed 5/31/2017 11:22 AM

Emily L Emmons <emily.l.emmons@nsmtp.kp.org>

Reminder to Schedule Follow Up Call with Svitlana in Compliance - Fw: NCAL CDI Alert: Fw: [PHI] Registered Dietician Leading Documentation - Comp

To ☐ Gloryanne H. Bryant

You replied to this message on 5/31/2017 12:40 PM.

Bing Maps + Get more add-i

Hi Gloryanne,

I am sending this to you as a reminder that we want to schedule a follow up call with Svitlana in Compliance regarding the RD documentation of malnutrition. The template they are now using states, "meets criteria for....[insert moderate or severe smart phrase] PCM." This statement leads the RD to only address PCM and still includes "meets criteria for."

Thank you,

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
Kaiser Permanente Northern California
Revenue Cycle
1800 Harrison, 10th Floor
Oakland, CA 94612
(510) 368-3138

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---- Forwarded by Emily L Emmons/CA/KAIPERM on 05/31/2017 11:19 AM ----

From: Emily L Emmons/CA/KAIPERM
To: NCRC RCI CDI ALL -IREG
Date: 05/30/2017 03:46 PM
Subject: NCAL CDI Alert: Fw: [PHI] Registered Dietician Leading Documentation - Compliance UPDATES

Thu 5/25/2017 7:36 PM

Emily L Emmons <Emily.L.Emmons@kp.org>

Re: [PHI] Registered Dietician Leading Documentation - Compliance UPDATES

To ☐ Svitlana Ozhyndovskyy

Cc ☐ Ronda X. Alston; ☐ Dorothy L. Jones; ☐ Tracie Peive; ☐ Gloryanne H. Bryant

Bing Maps + Get more add-i

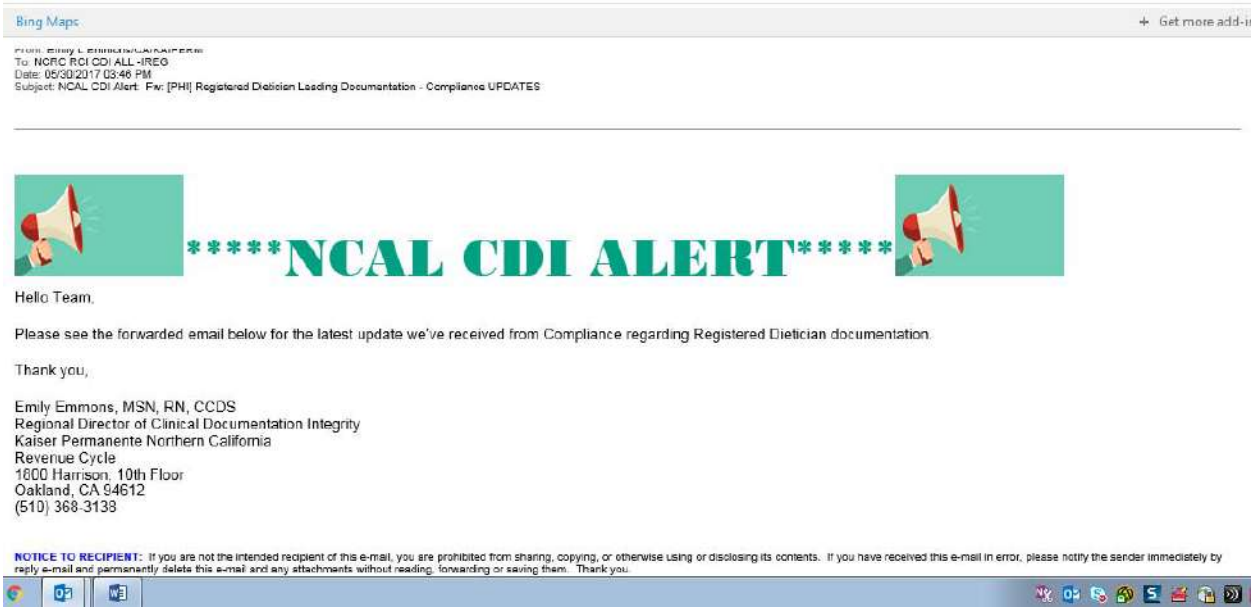
Thank you, Svitlana.

Emily

Sent from my iPhone

On May 25, 2017, at 5:31 PM, Svitlana S Ozhyndovskyy <Svitlana.S.Ozhyndovskyy@kp.org> wrote:

> Emily,
>
> We will clarify regarding mild malnutrition.
>
> Kind Regards,
> ---
> **Svitlana Ozhyndovskyy, CPC**
> Compliance Program Manager
> NCAL Regional Compliance, Ethics & Integrity Office, Care Delivery Compliance
>
> **Kaiser Permanente Foundation, Health Plan, Inc.**
> 1800 Harrison St., 16th Floor
> Oakland, CA 94612
> Office: (510) 625-4639
> Fax: (510) 625-3030
> Cellular: (510) 410-2724
> Svitlana.S.Ozhyndovskyy@kp.org
>
> ---
> **kp.org/thrive**
>
> **NCAL Compliance**
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From: Emily L Emmons/CA/KAIPERM
To: NCRC RCI CDI ALL -IREG
Date: 05/30/2017 03:46 PM
Subject: NCAL CDI Alert: Fw: [PHI] Registered Dietician Leading Documentation - Compliance UPDATES

*****NCAL CDI ALERT*****

Hello Team,

Please see the forwarded email below for the latest update we've received from Compliance regarding Registered Dietician documentation.

Thank you,

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
Kaiser Permanente Northern California
Revenue Cycle
1800 Harrison, 10th Floor
Oakland, CA 94612
(510) 368-3138

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----- Forwarded by Emily L Emmons/CA/KAIPERM on 05/30/2017 03:34 PM -----

From: Svitlana S Ozhyndovskyy/PO/KAIPERM
To: Ronda Alston/CA/KAIPERM@KAIPERM, Emily L Emmons/CA/KAIPERM@KAIPERM
Cc: Dorothy L Jones/CA/KAIPERM@KAIPERM, Tracie Paiva/CA/KAIPERM@KAIPERM
Date: 05/25/2017 03:19 PM
Subject: [PHI] Registered Dietician Leading Documentation - Compliance UPDATES

Hello,

Please find following updated smart phrase:

"This patient meets criteria for * PCM based on existing clinical criteria and program wide Registered Dietitian clinical guidelines.**
Please document and update the problem list as you feel appropriate."

- The asterisks (below) will be replaced with either 2-Moderate or 3-Severe ****Side Note: Compliance is checking on "mild" malnutrition and will update us as soon as they have more information. - Emily****
- The numeric code that was once present will be removed
- The directive that asked physicians to code the diagnosis will be removed.
-
- This information has been shared with the Dieticians across the Region
- Coders should have already begun to see the change
- The understanding is that Dr. Olson is working to get the smart phrase in KPHC changed

Hello,

Please find following updated smart phrase:

"This patient meets criteria for * PCM based on existing clinical criteria and program wide Registered Dietitian clinical guidelines.**
Please document and update the problem list as you feel appropriate."

- The asterisks (below) will be replaced with either 2-Moderate or 3-Severe ******Side Note: Compliance is checking on "mild" malnutrition and will update us as soon as they have more information. - Emily******
- The numeric code that was once present will be removed
- The directive that asked physicians to code the diagnosis will be removed.

-
- This information has been shared with the Dieticians across the Region
- Coders should have already begun to see the change
- The understanding is that Dr. Olson is working to get the smart phrase in KPHC changed
- Registered dieticians cannot diagnose PCM.
-
-

ASK: Please circle back with Care Delivery Compliance if you don't start to see a change in the documentation

Kind Regards,

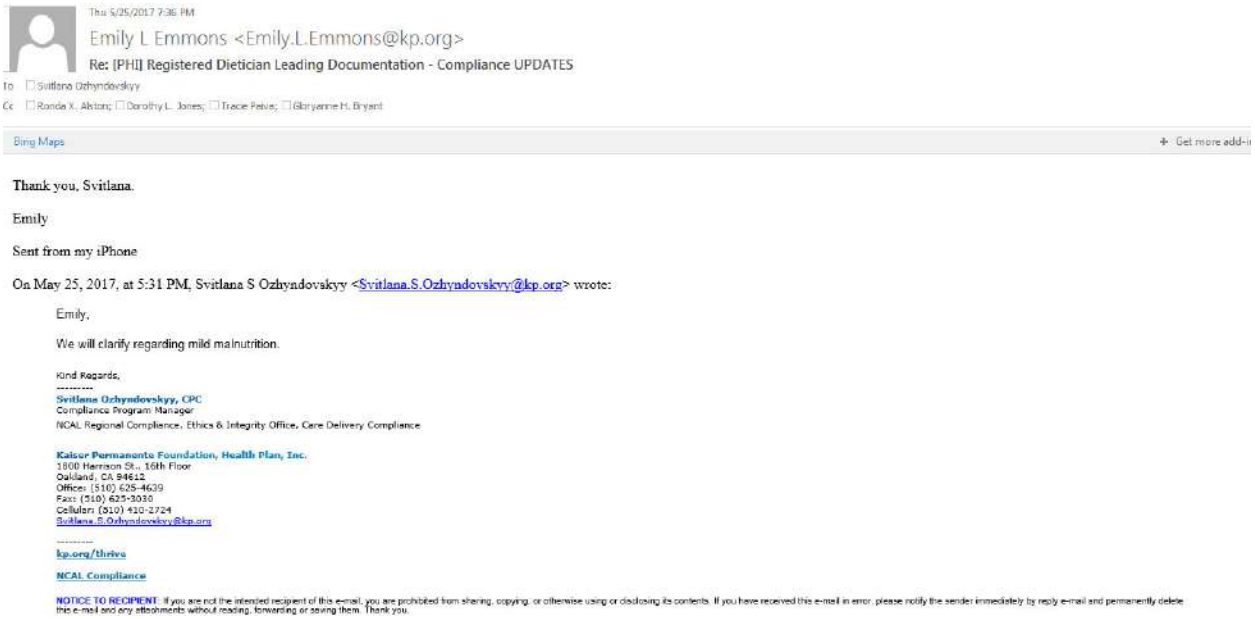
Svitlana Ozhyndovskyy, CPC
Compliance Program Manager
NCAL Regional Compliance, Ethics & Integrity Office, Care Delivery Compliance

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1800 Harrison St., 16th Floor
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Fax: (510) 625-3030
Cellular: (510) 410-2724
Svitlana.S.Ozhyndovskyy@kp.org

---
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NCAL Compliance

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Thu 5/25/2017 7:36 PM
Emily L Emmons <Emily.L.Emmons@kp.org>
Re: [PHI] Registered Dietician Leading Documentation - Compliance UPDATES
To Svitlana Ozhyndovskyy
Cc Ronda X. Alston; Dorothy L. Jones; Tracie Petve; Gloryanne H. Bryant
Bing Maps + Get more add-i

Thank you, Svitlana.

Emily

Sent from my iPhone

On May 25, 2017, at 5:31 PM, Svitlana S Ozhyndovskyy <Svitlana.S.Ozhyndovskyy@kp.org> wrote:

Emily,

We will clarify regarding mild malnutrition.

Kind Regards,

Svitlana Ozhyndovskyy, CPC
Compliance Program Manager
NCAL Regional Compliance, Ethics & Integrity Office, Care Delivery Compliance

Kaiser Permanente Foundation, Health Plan, Inc.
1800 Harrison St., 16th Floor
Oakland, CA 94612
Office: (510) 625-4639
Fax: (510) 625-3030
Cellular: (510) 410-2724
Svitlana.S.Ozhyndovskyy@kp.org

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Emily L Emmons---05/25/2017 04:16:36 PM---Thank you so much for clarifying and updating us, Svitlana. Is there a smart phrase for mild malnut

From: Emily L Emmons/CA/KAIPERM
To: Ronda Alston/CA/KAIPERM@KAIPERM
Cc: Svitlana S Ozhyndovskyy/PO/KAIPERM@KAIPERM, Dorothy L Jones/CA/KAIPERM@KAIPERM, Tracie Paiva/CA/KAIPERM@KAIPERM, Gloryanne H Bryant/CA/KAIPERM@MSO365
Date: 05/25/2017 04:16 PM
Subject: Re: [PHI] Registered Dietician Leading Documentation - Compliance UPDATES

Thank you so much for clarifying and updating us, Svitlana. Is there a smart phrase for mild malnutrition or only moderate and severe? Copying Gloryanne Bryant.

Thank you,

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
Kaiser Permanente Northern California
Revenue Cycle
1800 Harrison, 10th Floor
Oakland, CA 94612
(510) 368-3138

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From: Ronda Alston/CA/KAIPERM
To: Svitlana S Ozhyndovskyy/PO/KAIPERM@KAIPERM
Cc: Dorothy L Jones/CA/KAIPERM@KAIPERM, Emily L Emmons/CA/KAIPERM@KAIPERM, Tracie Paiva/CA/KAIPERM@KAIPERM
Date: 05/25/2017 04:13 PM
Subject: Re: [PHI] Registered Dietician Leading Documentation - Compliance UPDATES

Thank you, for your help in getting this reviewed and implemented.

Ronda Alston, RHIT, CCS, CPC
Regional Interim Director of Hospital Coding and Operations, HIM
NCAL Revenue Cycle Health Information Management
Kaiser Permanente Foundation Health Plan & Hospitals
1800 Harrison Street, 24th Fl
Oakland, CA 94612
O: 510-625-5674
C: 510-418-5201
Email: ronda.alston@kp.org (Preferred source of contact)

We are what we repeatedly do. Excellence, therefore, is not an act, but a habit. -Aristotle

Please visit the NCAL HIM/CDI resources, tools and information online at our wiki: http://wiki.kp.org/wiki/x/fYDGBQ.
https://wiki.kp.org/wiki/x/uQRqCQ

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From: Svitlana S Ozhyndovskyy/PO/KAIPERM
To: Ronda Alston/CA/KAIPERM@KAIPERM, Emily L Emmons/CA/KAIPERM@KAIPERM
Cc: Dorothy L Jones/CA/KAIPERM@KAIPERM, Tracie Paiva/CA/KAIPERM@KAIPERM
Date: 05/25/2017 03:23 PM
Subject: [PHI] Registered Dietician Leading Documentation - Compliance UPDATES

Hello,

Please find following updated smart phrase:

"This patient meets criteria for * PCM based on existing clinical criteria and program wide Registered Dietitian clinical guidelines.**
Please document and update the problem list as you feel appropriate."

- The asterisks (below) will be replaced with either 2-Moderate or 3-Severe
- The numeric code that was once present will be removed
- The directive that asked physicians to code the diagnosis will be removed.
- This information has been shared with the Dieticians across the Region
- Coders should have already begun to see the change
- The understanding is that Dr. Olson is working to get the smart phrase in KPHC changed
- Registered dieticians cannot diagnose PCM.

Wed 5/3/2017 10:00 PM

Emily L Emmons <Emily.L.Emmons@kp.org>

Re: RD recommendations

To Gloryanne H. Bryant

Cc Ronda X. Alston

You replied to this message on 5/3/2017 10:04 PM.

Bing Maps + Get more add-i

Hi Gloryanne,

I provided several examples to Jan Villarante, and Ronda escalated this to Regional Compliance. We are waiting for an update from Compliance, because they said they have new information regarding RD documentation and that they will update us soon. I spoke to Jan the other day and told her it has been escalated. She said she was going to meet with her managers again.

Thank you,
Emily

Sent from my iPhone

On May 3, 2017, at 7:23 AM, Gloryanne H Bryant <Gloryanne.H.Bryant@kp.org> wrote:

> Hi there, I just wanted to follow-up on this issue ....did it get resolved with Dietary?
> Couple quick questions: Was education provided?
> Was a look back at historical encounters conducted? (and corrected?)
>
> thanks
> Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
> AHIMA Approved ICD-10-CM/PCS Trainer
> National Director Coding Quality, Education, Systems and Support
> National Revenue Cycle
> Kaiser Foundation Health Plan Inc & Hospitals
> 1 Kaiser Plaza- 15th floor, Office #1543, Oakland, CA 94612
> 510 267-7559 (tel)
> 510 267-7606 (fax)
> email: Gloryanne.h.bryant@kp.org
> kp.org thrive
> http://insidekp.kp.org/finance/revenuecycle

From: Emily L Emmons/CA/KAIPERM
To: Svitlana S Ozhyndovskyy/PO/KAIPERM@KAIPERM
Cc: Ronda Alston/CA/KAIPERM@KAIPERM, Dorothy L Jones/CA/KAIPERM@KAIPERM, Tracie Paiva/CA/KAIPERM@KAIPERM
Date: 04/20/2017 03:23 PM
Subject: Re: Fw: [PHI] Need to Escalate Registered Dietician Leading Documentation (PHI) - CDC Update and next steps updates

---

Thank you, Svitlana.

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
Kaiser Permanente Northern California
Revenue Cycle
1800 Harrison, 10th Floor
Oakland, CA 94612
(510) 368-3138

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Svitlana S Ozhyndovskyy---04/20/2017 03:01:29 PM---Hi, Ronda, We have new information regarding RD query question. Please hold off on any new movements

From: Svitlana S Ozhyndovskyy/PO/KAIPERM
To: Ronda Alston/CA/KAIPERM@KAIPERM
Cc: Emily L Emmons/CA/KAIPERM@KAIPERM, Dorothy L Jones/CA/KAIPERM@KAIPERM, Tracie Paiva/CA/KAIPERM@KAIPERM
Date: 04/20/2017 03:01 PM
Subject: Re: Fw: [PHI] Need to Escalate Registered Dietician Leading Documentation (PHI) - CDC Update and next steps updates

---

Hi, Ronda,

We have new information regarding RD query question. Please hold off on any new movements for now. We will make sure to update you on a new developments.

Thank you.

Kind Regards,

Svitlana Ozhyndovskyy, CPC
Compliance Program Manager
NCAL Regional Compliance, Ethics & Integrity Office, Care Delivery Compliance

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Svitlana.S.Ozhyndovskyy@kp.org

---
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NCAL Compliance

From: Ronda Alston/CA/KAIPERM
To: Emily L Emmons/CA/KAIPERM@KAIPERM
Cc: Dorothy L Jones/CA/KAIPERM@KAIPERM, Tracie Paiva/CA/KAIPERM@KAIPERM, Svitlana S Ozhyndovskyy/PO/KAIPERM@KAIPERM
Date: 04/20/2017 12:45 PM
Subject: Re: Fw: [PHI] Need to Escalate Registered Dietician Leading Documentation (PHI) - CDC Update and next steps updates

---

Hi Emily;

Do you have CDI query examples and documentation that can be used to create education materials for National Nutrition Services and since we have already reached out to Jan. Did you want to reach out to Dr. Olson or have you already?

Ronda Alston, RHIT, CCS, CPC
Regional Interim Director of Hospital Coding and Operations, HIM
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1800 Harrison Street, 24th Fl
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C: 510-418-5201
Email: ronda.alston@kp.org (Preferred source of contact)

We are what we repeatedly do. Excellence, therefore, is not an act, but a habit. -Aristotle

Please visit the NCAL HIM/CDI resources, tools and information online at our wiki: http://wiki.kp.org/wiki/x/fYDGBQ.
https://wiki.kp.org/wiki/x/uQRqCQ

From: Svitlana S Ozhyndovskyy/PO/KAIPERM
To: Ronda Alston/CA/KAIPERM@KAIPERM
Cc: Tracie Paiva/CA/KAIPERM@KAIPERM, Dorothy L Jones/CA/KAIPERM@KAIPERM
Date: 04/20/2017 11:45 AM
Subject: Fw: [PHI] Need to Escalate Registered Dietician Leading Documentation (PHI) - CDC Update and next steps updates

---

Good Morning, Ronda,

Care Delivery Compliance team had a meeting this morning to follow up on HIM question about Registered Dietician Leading Documentation.

As a result please find below following strategy/question/action items:

· It was verified that the issue extends beyond just one single area.

· Science it is region wide issue HIM suggestion about presenting Educational materials trough National Nutrition Services is a good idea.

· Is there a training material available already to help with the training?

· Suggestion came to reach out to Jan Villarante, Director, National Nutrition Services for communication to the Region as well as Dr. Steve Olson, PCM physician liaison, on the communication.

Kind Regards,

Svitlana Ozhyndovskyy, CPC
Compliance Program Manager

From: Svitlana S Ozhyndovskyy/PO/KAIPERM
To: Ronda Alston/CA/KAIPERM@KAIPERM
Cc: Tracie Paiva/CA/KAIPERM@KAIPERM, Dorothy L Jones/CA/KAIPERM@KAIPERM
Date: 04/18/2017 02:56 PM
Subject: [PHI] Need to Escalate Registered Dietician Leading Documentation (PHI) - CDC Update and next steps

---

Hi, Ronda,

The verbiage that HIM suggesting below (RD can state 'at risk for') appears to be in line with “Nonleading query protocol” as indicated by AHIMA.

Source: AHIMA . “Guidance for Clinical Documentation Improvement Programs.”
Journal of AHIMA 81, no.5 (May 2010): expanded web version.

Nonleading query: Can the etiology of the patient’s pneumonia be further specified? It is noted in the admitting history and physical examination (H&P) this obtunded patient had a history of nausea and vomiting prior to admission to the hospital and is treated with clindamycin for RLL pneumonia. Based on the above, can the etiology of the pneumonia be further specified? If so, please document the type/etiology of the pneumonia in the progress notes.

I will meet with Tracie (CDC Interim Director) and Dorothy (clinical Medical record lead) and we will get back to you regarding your question about Nutritional Services to get their documentation updated.

Kind Regards,

Svitlana Ozhyndovskyy, CPC
Compliance Program Manager

---- Forwarded by Svitlana S Ozhyndovskyy/PO/KAIPERM on 04/18/2017 02:27 PM ----

From: Jane M Gorwin/CA/KAIPERM
To: Ronda Alston/CA/KAIPERM@KAIPERM
Cc: Svitlana S Ozhyndovskyy/PO/KAIPERM@KAIPERM, Emily L Emmons/CA/KAIPERM@KAIPERM, Roderick C Madamba/CA/KAIPERM@KAIPERM, Tracie Paiva/CA/KAIPERM@KAIPERM
Date: 04/14/2017 03:34 PM
Subject: Re: Need to Escalate Registered Dietician Leading Documentation (PHI)

Hi, Ronda,

As you know, today is my last work day - so I am including Tracie Paiva, ACO of Sac/Ros (who is also graciously covering my role in the interim until the final selection is made).

I see Svitlana is included so she can talk with Tracie - they may need to meet with you to get 'back up to speed' on this.

Thank you,

Jane

Jane Gorwin, RN, BSN, MA, CHC, CHPC,
Regional Director, Care Delivery Compliance

Kaiser Permanente
NCAL Region Office of Compliance, Ethics and Integrity
1800 Harrison Street
Oakland, CA 94612

510.625.2499 (office)
8,428.2495 (tie-line)

From: Ronda Alston/CA/KAIPERM
To: Jane M Gorwin/CA/KAIPERM@KAIPERM, Svitlana S Ozhyndovskyy/PO/KAIPERM@KAIPERM
Cc: Emily L Emmons/CA/KAIPERM@KAIPERM, Roderick C Madamba/CA/KAIPERM@KAIPERM
Date: 04/14/2017 02:23 PM
Subject: Re: Need to Escalate Registered Dietician Leading Documentation (PHI)

Hi Jane and Svitlana;

I know I talked to you, Jane, awhile back on this subject and was wondering if we are still on the same page.

See below, is our understanding correct that the RD can state 'at risk for'? And if so, can we get your help as Regional Compliance, in working with Nutritional Services to get their documentation updated?

Thank you.

Ronda Alston, RHIT, CCS, CPC
Regional Interim Director of Hospital Coding and Operations, HIM
NCAL Revenue Cycle Health Information Management
Kaiser Permanente Foundation Health Plan & Hospitals
1800 Harrison Street, 24th Fl
Oakland, CA 94612
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C: 510-418-5201
Email: ronda.alston@kp.org (Preferred source of contact)

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Please visit the NCAL HIM/CDI resources, tools and information online at our wiki: http://wiki.kp.org/wiki/x/YYDGBQ
https://wiki.kp.org/wiki/x/uQRqCQ

From: Emily L Emmons/CA/KAIPERM
To: Ronda Alston/CA/KAIPERM@KAIPERM, Roderick C Madamba/CA/KAIPERM@KAIPERM, Gloryanne H Bryant/CA/KAIPERM@KAIPERM
Date: 04/14/2017 10:23 AM
Subject: Need to Escalate Registered Dietician Leading Documentation To CHIMP (PHI)

Hi Ronda, Rod, and Gloryanne,

I have contacted Jan Villarante, the Director of Nutritional Services multiple times regarding the RD's leading documentation to prompt physicians to document protein calorie malnutrition, however, we continue to see examples of leading RD documentation.

Ronda and I discussed this with Gloryanne and then Ronda and I spoke with Jan together. I then emailed Jan examples of continued leading documentation and called her to follow up on two or three occasions. I called her last week and have not yet heard back from her, but I think this will require mass education to the RDs, an updated RD assessment template in Epic, and education for the physicians that the RDs are not allowed to recommend a diagnosis.

It is our understanding that the RDs can state the patient is "at risk for" protein calorie malnutrition, but they cannot state "patient meets criteria for" or recommend or ask the physician to add or document severe protein calorie malnutrition in their next progress note.

I would like to escalate this compliance issue to CHIMP or the appropriate compliance entity, as I do not feel it is my place to continue notifying Jan. This is a documentation/coding compliance issue, and I think compliance needs to be aware.

Please see the examples below:
Another example of "criteria" being used in the RD note
PI [redacted]
REDACTED
REDACTED

<0.7FA6.gif>

"MD, may consider the following RECOMMENDATIONS:
– Pt meeting criteria for Protein Calorie Malnutrition. Please add 'Severe PCM' to pt's Hospital Problem List if you agree. Thank you."
Pt Name: REDACTED
MRN: REDACTED

Pt REDACTED MRN: REDAC REDACTED
Found in the Dear Dr. section:
Please add severe PCM to Problem List, if you agree (see RD note 4/6)
Grace Y Chan, Dietetic Intern
Entered: "Last edited by **Chan, Grace Y** on 04/06/17 at 1529"

Thank you,

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
Kaiser Permanente Northern California
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1800 Harrison, 10th Floor
Oakland, CA 94612
(510) 368-3138

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From: Gloryanne H Bryant/CA/KAIPERM
To: Emily L Emmons/CA/KAIPERM@KAIPERM
Date: 01/26/2017 07:55 AM
Subject: Re: RD recommendations

Ok great, maybe follow up with her on this and request the educational material she used.

thanks.
Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
National Director Coding Quality, Education, Systems and Support
National Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
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510 267-7559 (tel)
510 267-7606 (fax)
email: Gloryanne.h.bryant@kp.org
kp.org thrive
http://insidekp.kp.org/finance/revenuecycle
National Coding Quality Wiki Site: https://wiki.kp.org/wiki/display/coding/HOME

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Emily L Emmons---01/26/2017 07:53:02 AM---Good morning Gloryanne, Ronda and I met with Jan Villarente, the RD Director. She said she was goin

From: Emily L Emmons/CA/KAIPERM
To: Gloryanne H Bryant/CA/KAIPERM@kaiperm
Date: 01/26/2017 07:53 AM
Subject: Re: RD recommendations

Good morning Gloryanne,

Ronda and I met with Jan Villarente, the RD Director. She said she was going to provide some education for the RDs to make sure they stopped writing leading notes. She acknowledged that the documentation was leading. We sent her some examples and continue to send her weekly examples, because some RDs continue to do it.

Thanks,
Emily

Sent from my iPhone

On Jan 26, 2017, at 5:52 AM, Gloryanne H Bryant <Gloryanne.H.Bryant@kp.org> wrote:

> Hi there what was the outcome of this?
> I never heard again.
>
> thanks.
> Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
> AHIMA Approved ICD-10-CM/PCS Trainer
> National Director Coding Quality, Education, Systems and Support
> National Revenue Cycle
> Kaiser Foundation Health Plan Inc & Hospitals
> 1 Kaiser Plaza- 15th floor, Office #1543, Oakland, CA 94612
> 510 267-7559 (tel)

From: Emily L Emmons/CA/KAIPERM
To: Gloryanne H Bryant/CA/KAIPERM@KAIPERM
Cc: Rizalyn A Andrews/CA/KAIPERM@KAIPERM, Roderick C Madamba/CA/KAIPERM@KAIPERM, Ronda Alston/CA/KAIPERM@KAIPERM, Zaneta Hatchel/CA/KAIPERM@KAIPERM
Date: 10/25/2016 03:27 PM
Subject: Re: RD recommendations

Thank you, Gloryanne. Thank you all for joining the call. We will keep everyone posted.

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
Kaiser Permanente Northern California
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1800 Harrison, 10th Floor
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(510) 368-3138

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Gloryanne H Bryant---10/25/2016 01:53:39 PM---Thanks for setting up the call this afternoon. Something to ask, once you speak to the Regional dire

From: Gloryanne H Bryant/CA/KAIPERM
To: Emily L Emmons/CA/KAIPERM@KAIPERM
Cc: Roderick C Madamba/CA/KAIPERM@KAIPERM, Zaneta Hatchel/CA/KAIPERM@KAIPERM, Ronda Alston/CA/KAIPERM@kaiperm, Rizalyn A Andrews/CA/KAIPERM@KAIPERM

From: Gloryanne H Bryant/CA/KAIPERM
To: Emily L Emmons/CA/KAIPERM@KAIPERM
Cc: Roderick C Madamba/CA/KAIPERM@KAIPERM, Zaneta Hatchel/CA/KAIPERM@KAIPERM, Ronda Alston/CA/KAIPERM@kaiperm, Rizalyn A Andrews/CA/KAIPERM@KAIPERM
Date: 10/25/2016 01:53 PM
Subject: RD recommendations

Thanks for setting up the call this afternoon. Something to ask, once you speak to the Regional director of Dietary/Nutrition is "how long has this practice been in place?" And also was there a "compliance review" of this process?

If you need me to be involved at all, please do not hesitant to contact me. thanks.

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
National Director Coding Quality, Education, Systems and Support
National Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
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510 267-7559 (tel)
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email: Gloryanne.h.bryant@kp.org
kp.org.thrive
http://insidekp.kp.org/finance/revenuecycle
National Coding Quality Wiki Site: https://wiki.kp.org/wiki/display/coding/HOME

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Mon 10/17/2016 5:43 PM
Gloryanne H Bryant
Re: (PHI) PCM documentation by RD
To Emily L Emmons/CA/KAIPERM

Yes rod to start with and someone from risk like Zaneta.

Sent from my iPhone

On Oct 17, 2016, at 7:33 PM, Emily L Emmons <Emily.L.Emmons@kp.org> wrote:

Of course. I would like you to be involved. Do you recommend Rod Madamba and Jason Hall?

Thank you,

Emily

On Oct 17, 2016, at 3:47 PM, Gloryanne H Bryant <Gloryanne.H.Bryant@kp.org> wrote:

Sounds good. Include me if you can or would. Thx

Sent from my iPhone

On Oct 17, 2016, at 5:57 PM, Emily L Emmons <Emily.L.Emmons@kp.org> wrote:

Thanks, Gloryanne. We could discuss with HIM and Compliance and then ask Compliance to address it if they agree that it is leading. Does that sound reasonable? I think it is a compliance-related issue, so they would be the best party to address it.

Thanks,

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
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(510) 368-3138

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Gloryanne H Bryant---10/17/2016 02:29:24 PM---Hi, I've never talked with Dietary directly. And we have always stated we should follow the Practice

From: Gloryanne H Bryant/CA/KAIPERM
To: Emily L Emmons/CA/KAIPERM@KAIPERM
Date: 10/17/2016 02:29 PM



Mon 10/17/2016 2:29 PM

Gloryanne H Bryant

Re: Fw: (PHI) PCM documentation by RD

To Emily L Emmons/CA/KAIPERM

Hi, I've never talked with Dietary directly. And we have always stated we should follow the Practice Brief and Coding Clinic guidance.

That does appear to be a little leading to me also.
How do you want to proceed?

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
AHIMA Approved ICD-10-CM/PCS Trainer
National Director Coding Quality, Education, Systems and Support
National Revenue Cycle
Kaiser Foundation Health Plan Inc & Hospitals
1 Kaiser Plaza- 15th floor, Office #1543, Oakland, CA 94612
510 267-7559 (tel)
510 267-7606 (fax)
email: Gloryanne.h.bryant@kp.org
kp.org.thrive
http://insidekp.kp.org/finance/revenuecycle
National Coding Quality Wiki Site: https://wiki.kp.org/wiki/display/coding/HOME

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Emily L Emmons---10/17/2016 02:25:08 PM---Hi Gloryanne, Have you ever discussed the RD note recommendations with Jan Villarante, their Regiona

From: Emily L Emmons/CA/KAIPERM
To: Gloryanne H Bryant/CA/KAIPERM@KAIPERM
Date: 10/17/2016 02:25 PM
Subject: Fw: (PHI) PCM documentation by RD

Hi Gloryanne,

Have you ever discussed the RD note recommendations with Jan Villarante, their Regional Director? This may have already been discussed with HIM, but I am concerned that they are leading the physicians to document

Emily L Emmons---10/17/2016 02:25:08 PM---Hi Gloryanne, Have you ever discussed the RD note recommendations with Jan Villarante, their Regiona

From: Emily L Emmons/CA/KAIPERM
To: Gloryanne H Bryant/CA/KAIPERM@KAIPERM
Date: 10/17/2016 02:25 PM
Subject: Fw: (PHI) PCM documentation by RD

Hi Gloryanne,

Have you ever discussed the RD note recommendations with Jan Villarante, their Regional Director? This may have already been discussed with HIM, but I am concerned that they are leading the physicians to document protein calorie malnutrition.

Please see the screen shot in the forwarded email below and note the section titled "**Dietitian Recommendations**" at the bottom. The RD recommended that the physician, "Add severe protein calorie malnutrition to the hospital problem list." I understand there is an approved KP diagnostic criteria for malnutrition, however, at Scripps the RD's would phrase their recommendations in the following format, "Patient at risk for severe protein calorie malnutrition," instead of recommending the physician diagnose it.

What are your thoughts?

Thank you,

Emily Emmons, MSN, RN, CCDS
Regional Director of Clinical Documentation Integrity
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Wed 10/12/2016 6:05 AM

Gloryanne H Bryant

Re: Are you free for lunch tomorrow or Thursday?

To Emily L Emmons/CA/KAIPERM

There is the small eating place in the large Kaiser Building where the Bank of America is located, do you know where that is?

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
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Emily L Emmons---10/11/2016 04:38:24 PM---Hi Gloryanne, I'm glad you can make it. Are there any good restaurants in your building or in betwe

From: Emily L Emmons/CA/KAIPERM
To: Gloryanne H Bryant/CA/KAIPERM@kaiperm
Date: 10/11/2016 04:38 PM
Subject: Re: Are you free for lunch tomorrow or Thursday?

Hi Gloryanne,

I'm glad you can make it. Are there any good restaurants in your building or in between our two buildings? I don't mind walking.

Wed 10/12/2016 6:05 AM

Gloryanne H Bryant

Re: Are you free for lunch tomorrow or Thursday?

To Emily L Emmons/CA/KAIPERM

Hi Gloryanne,

I'm glad you can make it. Are there any good restaurants in your building or in between our two buildings? I don't mind walking.

Emily

Sent from my iPhone

On Oct 11, 2016, at 3:20 PM, Gloryanne H Bryant <Gloryanne.H.Bryant@kp.org> wrote:

> Hi sure I can do Thursday from 12 to 1 pm do you want to walk over to my building or meet somewhere close by?
> I'll forward my presentation but I'm off site the rest of today so I'll send tonight.
> Thx g
>
> Sent from my iPhone
>
> On Oct 11, 2016, at 3:05 PM, Emily L Emmons <Emily.L.Emmons@kp.org> wrote:
>
> > Hi Gloryanne,
> >
> > Are you free for lunch tomorrow between 11am and 1pm or Thursday at noon? I have some compliance-related CDI questions for you, and it would be fun to go lunch with you. Also, I tried to open the USB drive from the HFMA conference, and the file is corrupt. Will you please send me a copy of the slides from your "Using Coded Data" presentation, please?
> >
> > Thank you,
> >
> > Emily Emmons, MSN, RN, CCDS
> > Regional Director of Clinical Documentation Integrity
> > Kaiser Permanente Northern California
> > Revenue Cycle
> > 1800 Harrison, 10th Floor
> > Oakland, CA 94612
> > (510) 368-3138

From: Yolanda T Lazaro-wong/CA/KAIPERM
To: Emily L Emmons/CA/KAIPERM@KAIPERM
Cc: Valerie V Mendoza/CA/KAIPERM@KAIPERM, Donna K McIvor/CA/KAIPERM
Date: 10/13/2016 12:11 PM
Subject: (PHI) PCM documentation by RD

Hi Emily,

This is an example of the RD note recommending PCM -

DIAGNOSIS: Malnutrition *related to* mets CA *as evidenced by* wt loss, underweight, low po intake

PCM criteria per Kaiser Permanente Regional Policy and Procedure (as of 1/2/2015):
1) Unintentional wt loss: >5% in 1 mo, OR >7.5% in 3 mo, OR >10% in 6 mo: yes
2) NPO/CL diet or PO intake ≤50% for ≥5 days: yes
3) Under wt <90% of IBW or BMI ≤ 18.5 kg/m2: yes
4) Pressure ulcer stage 1 or greater or non-healing wound: no
5) Physical findings: Sub-Q fat loss, muscle wasting and/or nutrition-related fluid accumulation that may mask w
6) Medical condition that significantly affects nutritional intake: at risk

Based on above, does pt meet criteria for moderate or severe Protein Calorie Malnutrition? Yes, severe

INTERVENTION:
Goal: tolerate 50% of meals and supplements as recommended; no wt loss
Education: as needed prior to discharge

Dietitian Recommendations:
1) Boost vanilla BID
2) Add severe Protein Calorie Malnutrition to hospital problem list

Also, I remember having a discussion in our previous meeting years ago when we had discussed the PCM vs cachexia, that even in DRG, cachexia has more weight than PCM - not sure if that's still the case.

Regards,

KAISER PERMANENTE

YOLANDA LAZARO-WONG, RN, BSN
CLINICAL DOCUMENTATION INTEGRITY SENIOR CONSULTANT
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CDI Wiki: https://wiki.kp.org/wiki/x/uQRqCQ

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