



ONPOINTCDM
Claims Data Manager

Onpoint CDM Newsletter

Spring 2010

This document was prepared by Onpoint Health Data
April 2010

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WELCOME

Welcome to the Spring 2010 edition of the Onpoint CDM (Claims Data Manager) Newsletter. This edition features two primary content sections — Onpoint CDM spotlights (introducing [Onpoint staff](#) and [research work](#)) and news for submitters (both [general](#) and state specific).

SELECT KEY DATES

DATE	TO DO
April 1	Re-registration deadline for Minnesota submitters
April 30	March 2010 claims data due (ME, NH, VT)
May 1	Registration deadline for Tennessee submitters
May 31	April 2010 claims data due (ME, NH, VT)
June 30	May 2010 claims data due (ME, NH, VT)
June 30	Deadline for correcting Service Provider and Billing Provider fields (ME, NH, VT)
July 31	June 2010 claims data due (ME, NH, VT)

Please remember to check each state's update section and carrier documents for full deadlines and dates.

STAFF SPOTLIGHT

Onpoint CDM is owned and operated by Onpoint Health Data, and our staff is here to help you every step of the way. From questions about online registration to data intake and validation, our team is expert not only in system process but in client service, making sure you have the tools and answers you need to get the job done. Take a moment to meet a member of the Onpoint CDM team:



Gloria McCann,
Manager of Health Data Services

For more than 30 years, Onpoint Health Data has been working to meet — and anticipate — our clients’ data needs. We got an early start working with claims data, developing the nation’s first-of-its-kind, multipayer claims database for a statewide business coalition in Maine. From our small-scale beginnings, we’ve grown to play a leading role nationally in the deployment of all payer claims databases. Along the way, we’ve been adapting constantly to a changing market by adding staff, capacity, and innovative products. One woman who’s had a front-row seat — and leading role — is Gloria McCann.

Gloria began working at Onpoint Health Data in 1979 (known then as the Maine Health Information Center). Initially involved in administrative duties, she transitioned quickly to data intake, becoming a one-person department to handle the collection and loading of our first clients’ data. As our operations expanded, so did Gloria’s department. Moving from specialist to supervisor, Gloria now serves as Onpoint’s Manager of Health Data Services.

From her Manchester office, Gloria manages both Onpoint CDM’s data collection process and the growing team that handles clients’ day-to-day operational issues. Gloria oversees incoming submissions from all of our claims data clients, validates their completeness and quality, and helps new submitters successfully test their way to final approval for historical claims submissions. It’s a complex mix of responsibilities, requiring expertise not only in Onpoint’s internal systems but in multiple states’ constantly changing data collection rules.

In addition to her work with Onpoint CDM responsibilities, Gloria also manages data intake and quality for hospital discharge data and workers’ compensation clients.

“Gloria’s been critical to our success as a health data organization,” notes Onpoint President/CEO James Harrison. “Our people set us apart as an organization and Gloria’s one of our best. Her experience, attention to detail, and can-do attitude come through in her work with clients and staff every day. She provides not only a sense of institutional integrity for our staff, but a wealth of knowledge for our diverse clients.”

DATA USE SPOTLIGHT

Examining Prenatal Care & Newborn Health by Linking NH Birth Certificates to Medicaid Inpatient Claims Data

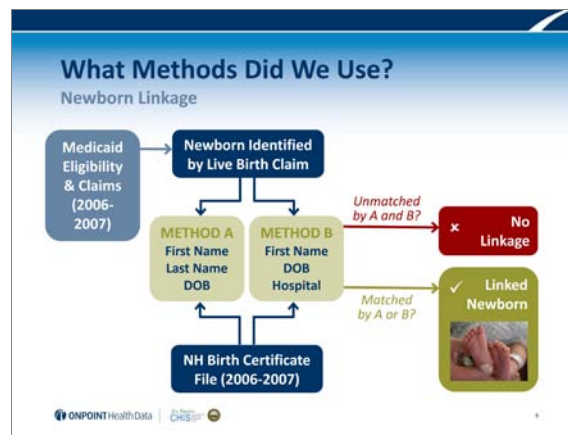
Onpoint Health Data began working with the state of New Hampshire in 2005, building a statewide claims database to help analyze healthcare claims on measures of use, cost, and quality. Today, claims data arrive from more than 70 submitters covering nearly 600,000 lives, providing a wealth of data for analysis by the state's Department of Health and Human Services (DHHS) and other researchers.

In addition to the more standard reporting we do for the state, Onpoint conducts in-depth special studies in conjunction with the NH DHHS team, addressing health policy, financing, and operational analyses. One recent project provides the foundation for future studies on prenatal care and birth outcomes among New Hampshire's newborns, particularly those in the Medicaid population.

Fully addressing the questions posed by NH DHHS required an innovative approach: linking NH birth certificate data to NH Medicaid inpatient claims data. Medicaid inpatient claims data offer detailed diagnostic and billing information, enabling correlation to services both pre- and post-hospitalization and providing a more complete picture of birth-related services. Joining the two data sets by linking newborns' birth certificates to healthcare claims makes clinical analyses of the births feasible.

The Onpoint-NH DHHS study identified all newborns with birth-related Medicaid claims in 2006 and 2007 and then matched them — and in many cases, their mothers — to birth certificates using a range of variables. Ultimately, nearly 95% of newborns receiving NH Medicaid were linked successfully (see Figure 1 for methodology).

Figure 1. Presentation slide explaining newborn linkage methodology for NH study



The study's results were instructive, revealing some significant differences in birth outcomes between the Medicaid and non-Medicaid populations. Among the findings: Mothers whose deliveries were paid for by Medicaid were more likely to be younger, less educated, and use tobacco; Medicaid-assisted newborns were more likely to be underweight and premature; and non-Medicaid mothers were more likely to have prior Cesarean deliveries, gestational diabetes, and pre-pregnancy hypertension.

By linking NH birth certificates, developing a methodology for linking future years of data, and increasing the potential sophistication of our techniques to improve linkage success, this study laid the groundwork for the NH Medicaid program to complete unique and innovative future analyses about prenatal care and birth outcomes for its recipient population using Medicaid claims data.

To learn more about this study, visit the [NH CHIS website](#), where you can find this study's [presentation slides](#).

GENERAL UPDATES FOR ALL STATES

New Focus on Service Provider & Billing Provider Fields

Onpoint Health Data has been collecting Service Provider data for our state clients since launching each of their all payer claims databases (APCDs). Several states — Vermont, Tennessee, and Minnesota — also have been collecting a complementary set of data: Billing Provider information.

Billing Provider data allows researchers, state agencies, and other data users to track claims with more detail. It not only provides valuable information in its own right, but it serves as a valuable double-check on the accuracy of Service Provider submissions.

Both Billing and Service Provider data increasingly are being recognized as critical components to understanding how healthcare is being delivered across a state — which is why data users and state legislatures alike are placing renewed emphasis on its collection. Many states are using these critical data fields to help assess the comparative quality, effectiveness, and efficiency of care delivery across regions, health systems, and individual provider organizations.

Beginning February 2010, Maine and New Hampshire joined Onpoint's other state clients in mandating the collection of Billing Provider data. A guide to both the Billing Provider and Service Provider fields — required now by all of our state clients — follows. If you need help understanding your state's demands or how they fit with Onpoint CDM formats, please [let us know](#). We're here to help.

REQUIRED SERVICE PROVIDER FIELDS

- Professional Claims (must be populated with the physician performing the service and not the group information)
- Institutional Claims (must be populated with the facility performing the service)
 - MCO24 - Service Provider Number
 - MCO25 - Service Provider Tax ID Number
 - MCO26 - National Service Provider ID
 - MCO27 - Service Provider Entity Type Qualifier
 - MCO28 - Service Provider First Name
 - MCO29 - Service Provider Middle Name
 - MCO30 - Service Provider Last Name or Organization Name
 - MCO31 - Service Provider Suffix
 - MCO32 - Service Provider Specialty (**excluded in MN**)
 - MCO33 - Service Provider City Name
 - MCO34 - Service Provider State or Province
 - MCO35 - Service Provider ZIP Code

REQUIRED BILLING PROVIDER FIELDS

- Professional and Institutional Claims (must be populated with the billing provider information)
 - MCO76 - Billing Provider Number
 - MCO77 - National Billing Provider ID
 - MCO78 - Billing Provider Last Name or Organization Name

The above mapping, as well as information on other required fields, is available in each state's carrier materials. Quick links to each state's carrier materials are provided here: [ME](#), [MN](#), [NH](#), [TN](#), and [VT](#).

A Reminder About Recent Rule Changes in ME, NH, & VT

State agencies in Maine, New Hampshire, and Vermont recently finalized legislative changes to bring collection layouts for member enrollment information and medical and pharmacy paid claims into a consistent, standard format. (Dental claims information will be collected only for Maine and New Hampshire (see this [update](#)), but again using the same format.) These changes took effect on February 1, 2010, for all three states.

Onpoint is Here to Help

We understand the difficulties presented to submitters working in multiple states with varying collection rules ([see above](#)). While we remain committed to following each state's requirements regarding data elements collection and thresholds, we're equally committed to assisting submitters meet those requirements successfully. If you have questions or need help, please [contact us](#).

Data Harmonization Efforts Continue

Harmonization efforts are ongoing through the National Association of Health Data Organizations (NAHDO) and the Regional All Payer Healthcare Information Council (RAPHIC). The ultimate goal: harmonizing data collection and release rules across all state databases. Onpoint participates in these efforts as an operational expert in implementing all payer claims databases (APCDs). To stay abreast of updates and changes, please visit the websites of [NAHDO](#) and [RAPHIC](#).

MAINE UPDATES — SPRING 2010

Legislature Addresses Service Provider & Billing Provider Fields

Beginning February 1, Onpoint Health Data began collecting Maine submitters' Billing Provider data as required by the state. This new collection provides critical information in its own right and serves as a valuable double-check on accurate Service Provider submissions.

Addressing this topic, the Maine Legislature recently adopted Chapter 613, LD 1544, "An Act To Amend the Laws Governing the Maine Health Data Processing Center and the Maine Health Data Organization." An excerpt from the public law appears below:

6. Exception. Notwithstanding the provisions of subsections 3, 4 and 5, the board or the Attorney General may not assess fines, initiate enforcement actions or seek injunctive relief against a payor that has submitted claims data for any billing provider data element contained in a claim furnished by the billing provider or for any service provider data element when associated with the billing provider elements or that fails to meet the thresholds for the data elements related to billing providers established by the organization or the Maine Health Data Processing Center under the requirements of Title 10, section 682. This subsection is repealed July 1, 2011.

What's the practical impact for CDM submitters? Any submitter who supplies unsatisfactory billing provider edits will not be failed, but instead will be advised how to correct their edits until future submissions are accurate. For more information, see this newsletter's [primer on the required fields](#).

Upcoming 2010 Dates

DATE	TO DO
April 30	March 2010 claims data due
May 31	April 2010 claims data due
June 30	May 2010 claims data due
June 30	All Service Provider and Billing Provider edits must be corrected

Contact Us

Click [here](#) for general questions about how Onpoint works with the MHDPC. Click [here](#) for specific questions or issues regarding encryption, uploading, or data file submission and status.

MINNESOTA UPDATES — SPRING 2010

Provider Peer Grouping Under Way

In 2008, Minnesota State enacted comprehensive healthcare reform legislation in a push to slow the growth of healthcare costs and improve quality and value. The state hired Onpoint Health Data to tackle the first big task: building a system to collect and compile claims data from all insurance providers covering Minnesota residents. Thanks to extensive teamwork with the Minnesota Department of Health (MDH) and the state's submitters, claims data are coming in and aggregation is under way.

Recently, Minnesota took the next big step: putting that claims data to use. In February, the state hired Mathematica Policy Research to undertake "provider peer grouping" — a system of publicly comparing provider performance on dimensions of cost and quality. This initiative will develop both a combined measure of risk-adjusted cost and quality for a provider's patient population as a whole as well as a separate measure for select specific health conditions. Comparisons also will be made for physicians at a clinic or medical group level and for hospitals. The first set of results will be shared with providers in October and reported publicly beginning in January 2011.

The practical implications of the provider peer grouping initiative? Healthcare providers will have new information on quality, resource use, and price to see how they compare to other providers in the community and to improve performance. The results also will benefit employers and consumers, giving them tools to make more informed choices about their healthcare based on quality and cost.

Great progress is being made by the MDH, Onpoint, and Mathematica to create the data warehouse / research environment for this provider peer grouping initiative. We would like to thank CDM submitters for their efforts to send data in a timely and complete way.

Updated Carrier Communication Package

With the help of Mat Spaan at the Minnesota Department of Health, the MHCCRS Carrier Communication Package has been extensively reformatted. This update improves flow and readability and makes required revisions to the data elements tables. The newest version can be found [here](#). (Note that there's also a revision log with approved changes to be included in the next update. That document can be found [here](#).)

Annual Registration Deadline

Remember that Minnesota State requires annual re-registration, regardless of whether your organization is submitting data. If you missed the April 1 registration deadline, please [renew your registration](#) as soon as possible.

Reminder About DEA Numbers

Data submitters may submit claims data where PC047 is populated with a DEA number only for claims that are dated prior to May 23, 2008. For claims dated on or after May 23, 2008, PC047 cannot be populated with a DEA number. For these claims, PC048 must be populated with the provider's NPI. Please note that the descriptions for PC047 and PC048 indicate that either one or the other must be populated 100 percent of the time.

Upcoming 2010 Dates

DATE	TO DO
June 30	All Service Provider and Billing Provider edits must be corrected
Jan. 1 - June 30	Enrollment data and paid claims data may be submitted on a monthly or quarterly basis. Reporters are invited and encouraged to submit data on a monthly basis.
June 30	Enrollment and paid claims are due for the period 10/2009 through 03/2010
Aug. 1 - Dec. 31	Enrollment data and paid claims data may be submitted on a monthly or quarterly basis. Reporters are invited and encouraged to submit data on a monthly basis.

Contact Us

Click [here](#) for general questions about how Onpoint CDM works with the MHCCRS. Click [here](#) for specific questions or issues regarding encryption, uploading, or data file submission and status.

NEW HAMPSHIRE UPDATES — SPRING 2010

Submitters Must Use Correct Service Provider & Billing Provider Fields

Since 2005, Onpoint Health Data has been collecting New Hampshire's claims data, including Service Provider information. Beginning February 1, we also began collecting submitters' Billing Provider data as required by the state.

This new collection provides critical information in its own right and serves as a valuable double-check on accurate Service Provider submissions. Please ensure that you are using accurate coding to populate both the Service Provider and Billing Provider fields by the state's deadline of June 30, 2010. For more information, see this newsletter's [primer on the required fields](#).

Update on New Hampshire's Expanded Collection Efforts

On February 1, 2010, legislation enacted by Onpoint's three northern New England clients took effect. The new laws, adopted in Maine, New Hampshire, and Vermont, are designed to harmonize data collection formats, standardizing submissions for cross-border payers and making it easier for researchers to compare different states' data.

The formatting changes apply to (a) member enrollment information, (b) medical and pharmacy paid claims, and (c) dental claims (Maine and New Hampshire only). To prepare submitters for these rule changes, Onpoint CDM hosted a test system from November 2009 until the legislation took effect in February.

After nearly two months of operations, we're pleased to report strong progress. Thirty-seven new dental-only data submitters have registered with Onpoint CDM; even more impressive — all of them have submitted test files. In addition to its dental data expansion, New Hampshire's rule now requires that data be collected on all NH residents, in addition to any policies written in NH, regardless of where the member resides. (The old rule required only data be submitted for individuals, regardless of place of residence, whose policies were written in the state.) This update has brought in an additional 14 new data submitters, half of whom have supplied test files. Our thanks to all submitters for their cooperation.

Upcoming 2010 Dates

DATE	TO DO
April 30	March 2010 claims data due
May 31	April 2010 claims data due
June 30	May 2010 claims data due
June 30	All Service Provider and Billing Provider edits must be corrected

Contact Us

Click [here](#) for general questions about how Onpoint works with NH CHIS. Click [here](#) for specific questions or issues regarding encryption, uploading, or data file submission and status.

TENNESSEE UPDATES — SPRING 2010

Carrier Orientation Meeting

Tennessee officials and Onpoint Health Data staff held a carrier orientation meeting/webinar on April 7 in Nashville. Covered content included an overview of Tennessee's data collection rule, the data collection timeline, Onpoint CDM functionality, and a review of the required data elements. For a refresher — or for a first look from submitters unable to attend — we've posted relevant materials in [Tennessee's section of Onpoint CDM](#). Available items include: [slides](#) from the presentation, [covered FAQs](#), the state's [Procedure Manual](#) (as well as a [list of approved revisions](#) for the next version).

Register by May 1

Tennessee law requires most data submitters to register with Onpoint CDM. (See [Tennessee's official rule](#) for full details.) Registration opened on April 1. Our thanks to those who have already registered — the first key step to becoming approved for state-mandated data submissions. Data submitters who have not registered must do so by the May 1 deadline. You can register online [here](#).

Testing Begins May 3

For those who have registered with Onpoint CDM, the system will be available for testing beginning Monday, May 3. Please install the required encryption software (available online at Onpoint CDM) and send your test files to ensure your readiness for meeting the first deadline for required submissions on June 1.

Upcoming 2010 Dates

DATE	TO DO
May 1	Registration deadline for Tennessee submitters
May 3	Onpoint CDM (secure) ready to accept and process registrants' Tennessee test data sets; required encryption software available
June 1	Submitters' Jan. 2009 eligibility and paid claims data is due to Onpoint CDM
June 1	Local/homegrown diagnosis codes (MC041-MC053), provider specialty (MC032), and CPT code (MC055) reference data in Microsoft Excel format due before medical claims may be submitted
July 1	Jan. 2009 - June 2009 eligibility and paid claims data due to Onpoint CDM (pending approval of Jan. 2009 data)

Contact Us

Click [here](#) for all questions about how Onpoint works with the Tennessee All Payer Claims Database, including specific questions about data reporting, registration, log-in, file submission, encryption, and status.

VERMONT UPDATES — SPRING 2010

Welcome to Dave Phillips

Onpoint Health Data would like to send a warm welcome to Dave Phillips, VHCURES Program Management Specialist, who started earlier this month in the position vacated by Jeffrey Ross. Dian Kahn, VHCURES Program Director and BISHCA Director of Analysis and Data Management, notes that “David spent over four years at the Department of Education as a Business Analyst implementing a federal program requiring the publication and monitoring of performance indicators for Vermont school districts. He has experience in analysis, data management, and reporting in a variety of academic and business settings. He has a Master’s of Public Administration from George Mason University.”

Submitters Must Use Correct Service Provider & Billing Provider Fields

Since 2008, Onpoint has been collecting Vermont’s claims data, including both Service Provider and Billing Provider fields. Coding in the Billing Provider fields allows us to double-check the accuracy of Service Provider entries — a critical step in verifying accurate data submissions. Please ensure that you are using accurate coding to populate both the Service Provider and Billing Provider fields. For more information, see this newsletter’s [primer on the required fields](#).

Vermont Revises Its Medicare Supplement Insurance Collection Policies

Please note that Vermont has revised its practice of collecting Medicare Supplement Insurance data. While the state still requires the submission of Medicare Supplement Insurance *eligibility* files, it no longer requires (but still will accept) Medicare Supplement Insurance *claims* data.

The state’s update notes: “Effective immediately, the State of Vermont will no longer require the submission of claims files by insurers providing Medicare Supplement policies covering Vermont residents. However, insurers meeting a minimum threshold of 200 covered Vermont lives are required to submit the eligibility files for Vermont residents per the reporting requirements specified under H-2008-01. If insurers choose to continue to include the claims data in the file submissions, the Department will accept these files.” Click [here](#) for more details.

Please note that Vermont’s revision does not apply to Medicare Part C and Part D. Vermont still requires submitters to supply *both* eligibility and claims data for parts C and D. Additional important updates on VHCURES data submission requirements are available at all times on their [website](#).

Upcoming 2010 Dates

DATE	TO DO
April 30	March 2010 claims data due
May 31	April 2010 claims data due
June 30	May 2010 claims data due
June 30	All Service Provider and Billing Provider edits must be corrected

Contact Us

Click [here](#) for general questions about how Onpoint works with VHCURES. Click [here](#) for specific questions or issues regarding encryption, uploading, or data file submission and status.



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