



**ONPOINTCDM**  
Claims Data Manager

# Onpoint CDM Newsletter

## **Summer 2010**

This document was prepared by Onpoint Health Data  
**July 2010**

## THIS ISSUE'S CONTENTS

Welcome.....	1
Select Key Dates .....	1
Staff Spotlight.....	2
Data Use Spotlight.....	4
General Updates for All States.....	5
Maine Updates — Summer 2010 .....	7
Minnesota Updates — Summer 2010 .....	8
New Hampshire Updates — Summer 2010 .....	10
Tennessee Updates — Summer 2010.....	12
Vermont Updates — Summer 2010.....	13

## WELCOME

Welcome to the Summer 2010 edition of the Onpoint CDM Newsletter. This edition features two primary content sections — Onpoint CDM spotlights (focusing on our data intake team and new Tri-State Variation analysis) as well as news for submitters (both general and state specific).

## SELECT KEY DATES

DATE	TO DO
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)
July 31	Q2 (April - June) 2010 claims data due for quarterly submitters
August 31	July 2010 claims data due (ME, MN, NH, VT)
September 30	August 2010 claims data due (ME, MN, NH, VT)
October 31	September 2010 claims data due (ME, MN, 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, whose 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 part of the Onpoint CDM team:*

### Onpoint's Data Intake Specialists

Onpoint CDM is a highly technical solution, offering a self-service suite of encryption, uploading, and reporting tools to submitters. But behind all of the drop-down lists and mouse clicks, there's a very human side to the solution. Our team of data intake specialists works directly with clients from the corporate and government sectors, validating data, tracking submissions, monitoring status, checking compliance, flagging problems, and finding solutions. Through every step of the process, they communicate with Onpoint's clients, working together to make sure that the information coming in — and, ultimately, the data going out — is solid. Members of the team include:



#### **Crystal Breton**

Serves as lead for . . .  
Vermont and Tennessee; assists with Maine

With Onpoint since . . .  
1998

Expertise includes . . .  
Workers' compensation claims, NH hospital data, ME State claims,  
Maine Self-Insurance Guarantee Authority (MSIGA)

A highlight of the job . . .  
"The challenge we get on a day to day basis. It's never boring!"

#### **Kelly Goulet**

Serves as lead for . . .  
Maine

With Onpoint since . . .  
2000

Expertise includes . . .  
EMS, MEMIC, and DOE claims; NH claims and hospital  
discharge data; MSIGA; ME State claims

A highlight of the job . . .  
"The people I work with!"





**Lashanna Kimball**

Serves as lead for . . .  
Minnesota

With Onpoint since . . .  
2009

Background includes . . .  
Business management, telecommunications and commercial client-based sales

A highlight of the job . . .  
“I enjoy coming to work each day knowing that a new challenge awaits. I enjoy learning the industry and I continue to grow each day. My peers are wonderful, and I appreciate the wealth of knowledge they provide.”

**Mike Myers**

Serves as lead for . . .  
New Hampshire; soon to assist with Vermont

With Onpoint since . . .  
2010

Background includes . . .  
Property/casualty underwriting and claims adjudication, damage appraisal, developing training programs, editing/publishing

A highlight of the job . . .  
“I enjoy the research and problem solving (the more complicated, the better). I enjoy collaborative projects like the interactive discussions with the state and with the payers themselves, as well as putting all of the pieces together!”



**Susan Haynes**

Serves as lead for . . .  
New Hampshire hospital discharge data; also collects indemnity claims data for MSIGA

With Onpoint since . . .  
2010

Background includes . . .  
Administrative and assistant positions in the nonprofit sector, including project management

A highlight of the job . . .  
“The people. For being a very busy group we take the time to laugh and offer each other a helping hand.”

## DATA USE SPOTLIGHT

### Tri-State Variation in Health Services Utilization & Expenditures in Northern New England

Two years ago, the state of Vermont contracted with Onpoint Health Data to launch a statewide all-payer claims database. This system, known as the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES), was a critical first step in the state's efforts to better understand its healthcare use and cost.

Over the past two years, Vermont actively has been putting this resource to use, partly by developing innovative reporting and analysis to support its healthcare reform efforts. One recent initiative, a first of its kind, involved a regional comparison of healthcare utilization and cost by examining variations between hospital service areas in three states. The resulting report, "Tri-State Variation in Health Services Utilization & Expenditures in Northern New England," was completed by Onpoint's Health Services Research staff and released by the Vermont State in June.

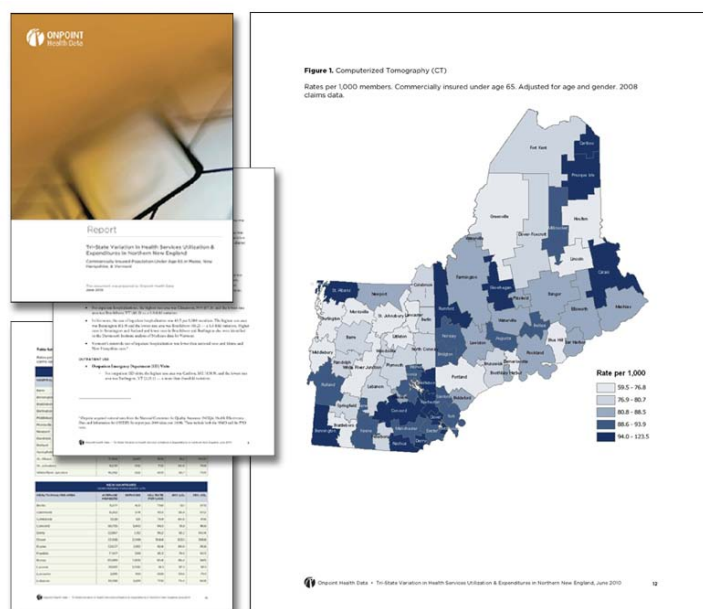
The Tri-State Variation analysis marks the first analysis of the northern New England states using state-mandated, all-payer commercial claims data. The report placed Vermont's newly collected data alongside established databases from Maine and New Hampshire, focusing specifically on 67 defined hospital service areas and the states' commercially insured populations under the age of 65.

In addition to per-member costs, the report examined 11 different services, adjusting for age and gender differences. Examined measures included advanced imaging (CT scans and MRIs), inpatient hospitalizations, outpatient emergency department use, and specific surgeries (hysterectomies and back surgeries). The result? A series of significant findings on

variations in service and cost both within and among the three neighboring states.

The Tri-State Variation analysis quickly made the rounds among the region's policymakers, provider organizations, and purchasers. "The thorough analysis in Onpoint's Tri-State Variation analysis — and in particular the evaluation of the impact of advanced imaging, inpatient hospitalizations, and outpatient emergency department visits on variability in medical payments — was of great assistance in helping our advisory group focus on areas for further review, as we strive to reduce variation, control costs, and improve quality in Vermont," says Pat Jones, Director of Health Care Quality Improvement at the Vermont Department of Banking, Insurance, Securities and Health Care Administration.

To learn more about this study, visit the [VHCURES website](#), where you can find the [Tri-State Variation analysis presentation slides](#).



## GENERAL UPDATES FOR ALL STATES

### Upcoming NAHDO Conference to Include Workshop & Panels on APCDs

The National Association of Health Data Organizations (NAHDO) will hold its 25<sup>th</sup> annual conference this October 13–15 in Salt Lake City, Utah. This year’s conference theme, “Health Care Data: The Silver Bullet for Reforming the Health System,” includes a Thursday afternoon meeting on all-payer claims databases (APCDs) with panelists discussing practical applications for APCDs. An invitation-only, all-day Friday meeting focuses exclusively on APCDs, featuring in-depth discussions on topics such as “APCD financing, governance, and legislative language,” “Building the connection between data and policy,” and “Linking APCDs to other reform efforts in your state.” For more information, visit NAHDO’s website [here](#).

### Reminder: Service Provider & Billing Provider Fields Now are Required by All States

Onpoint Health Data has been collecting service provider data for our state clients since launching 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 greater detail. It not only provides valuable information in its own right, but serves as a valuable double-check on the accuracy of service provider submissions.

Both billing provider 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 their 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 in 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](#).

#### REQUIRED SERVICE PROVIDER FIELDS

- Professional Claims (must be populated with the physician performing the service, 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

- MC028 - Service Provider First Name
- MC029 - Service Provider Middle Name
- MC030 - Service Provider Last Name or Organization Name
- MC031 - Service Provider Suffix
- MC032 - Service Provider Specialty (**excluded in MN**)
- MC033 - Service Provider City Name
- MC034 - Service Provider State or Province
- MC035 - Service Provider ZIP Code

#### **REQUIRED BILLING PROVIDER FIELDS**

- Professional and Institutional Claims (must be populated with the billing provider information)
  - MC076 - Billing Provider Number
  - MC077 - National Billing Provider ID
  - MC078 - 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 and/or official rule. Quick links to these materials are available at Onpoint CDM’s online [client pages](#).

#### **Onpoint is Here to Help**

We understand the difficulties faced by submitters working in multiple states with varying collection rules. 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](#).

## MAINE UPDATES — SUMMER 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. These new elements provide critical information in their own right and also serve as a valuable double-check on the accuracy of service provider data 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.

Any submitter who supplies unsatisfactory billing provider edits will not be failed, but instead will be advised how to correct their edits until their submissions are accurate. For more information, see this newsletter's [primer](#) on the required fields. We appreciate submitters' efforts to resolve the challenges associated with these rule changes. If you have questions or need help returning to full production mode, please [contact us](#).

### Upcoming 2010 Dates

DATE	TO DO
June 30	May 2010 claims data
June 30	Deadline for correcting Service Provider and Billing Provider fields
July 31	June 2010 claims data due
July 31	Q2 (April - June) 2010 claims data due for quarterly submitters
August 31	July 2010 claims data due
September 30	August 2010 claims data due
October 31	September 2010 claims data due

### 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 — SUMMER 2010

### Provider Peer Grouping Continues

In 2008, Minnesota State enacted comprehensive healthcare reform legislation in a push to both improve quality and value as well as slow the growth of healthcare costs. 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 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.

MDH, Onpoint, and Mathematica are preparing to conduct a second large push of data into the warehouse before summer's end. Data on hand — and in the warehouse thanks to submitters' efforts — will be used by Mathematica as it prepares to launch its full provider peer grouping analysis.

### Stay Up to Date with the Carrier Communication Package

With the help of Mat Spaan at the Minnesota Department of Health, the MHCCRS Carrier Communication Package underwent extensive reformatting recently. The updated version has improved flow and readability and includes required revisions to the data elements tables. The newest [version](#) — as well as a critical [log](#) of fixes and approved changes to be published in the next refresh — can be found [here](#).

### 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

DATE	TO DO
Aug. 1 - Dec. 31	Enrollment data and paid claims data may be submitted on a monthly or quarterly basis. Reporters are encouraged to submit data on a monthly basis.
August 31	July 2010 claims data due
September 30	August 2010 claims data due
October 31	September 2010 claims data due

## Contact Us

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

## NEW HAMPSHIRE UPDATES — SUMMER 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 now that the state's deadline of June 30 has passed. For more information, see this newsletter's [primer](#) on the required fields.

### Update on New Hampshire's Expanded Collection Efforts

On February 1, 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 the states' data. The required 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. We're pleased to report strong progress to date: 29 new dental-only data submitters have registered with Onpoint CDM; even more impressive — all but two 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 that data be submitted for only those individuals, regardless of place of residence, whose policies were written in the state.) This update has brought in eight new data submitters, all but one of whom have supplied test files. Our thanks to all submitters for their cooperation.

### Upcoming 2010 Dates

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June 30	Deadline for correcting Service Provider and Billing Provider fields
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September 30	August 2010 claims data due
October 31	September 2010 claims data due

## 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 — SUMMER 2010

### Registration Update

Tennessee law requires most data submitters to register with Onpoint CDM for use of the state's All Payer Claims Database. (See [Tennessee's official rule](#) for full details.) Since registration opened at the start of April, 312 payers have completed the process.

Of the 83 registrants expected to submit data, approximately half have begun the testing process, while a handful of others have contacted Onpoint to request a reasonable extension. Payers who failed to meet the May 1 registration deadline or who have registered but not taken steps toward testing will be contacted soon with a reminder from Tennessee officials.

Our thanks to those who have registered already — the first key step to becoming approved for state-mandated data submissions. You can register online at any time [here](#).

### Upcoming 2010 Dates

DATE	TO DO
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)
November 1	July 2009 - September 2010 eligibility and paid claims due, pending approval of data set from February 2009 - June 2009

### 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 — SUMMER 2010

### National Blue Card Program

Vermont, like many states, has a resident-based claims collection system. For residents insured by a Blue Cross plan located in another state, their home plan is able to take advantage of Vermont's Blue Cross plan, leveraging their provider network and associated discounts. These claims are processed by the local (or "host") plan and then sent to the out-of-state (or "home") plan, which is responsible for submitting these claims to the Vermont State as part of the claims collection law. One challenge facing Vermont: The home plan is not getting all of the data required to support state mandates. Vermont representatives presently are working with several out-of-state Blues to fill in missing provider information.

### Use of Claims Data Accelerating

On behalf of the state, Vermont's Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) coordinates and oversees the distribution of claims data for use by both internal departments and external data users. For the past two years, BISHCA has been working with Onpoint's Health Services Research division to support multiple reporting initiatives in support of statewide health reform efforts (including their Blueprint for Health program), informed policymaking, and other internal government compliance needs.

Interest also is growing rapidly among data users outside of the state. Data requests have been filed by consultants, academic organizations, and others with an interest in utilizing claims data to support their analytic needs. Vermont convenes a Data Release Advisory Committee to review and approve any outside requests. The committee's role is to ensure that data use is consistent with program goals and that security and privacy protections are maintained. Onpoint hosts BISHCA's data warehouse and processes approved extracts at its request.

### Reminder: 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 note that Vermont's June 30 deadline for compliance now has passed; submitters are urged to use accurate coding to populate both the service provider and billing provider fields. For more information, see this newsletter's [primer](#) on the required fields.

### Upcoming 2010 Dates

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July 31	Q2 (April - June) 2010 claims data due for quarterly submitters
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## 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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