



**ONPOINTCDM**  
Claims Data Manager

# Onpoint CDM Newsletter

## January 2011

This document was prepared by Onpoint Health Data.

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## WELCOME

Welcome to the January 2011 edition of the Onpoint CDM newsletter, which includes a review of key system changes, updates, and deadlines from both the previous quarter (Q4/2010) and the coming months. This issue also features a backgrounder on Onpoint CDM's provider linkage process and news for submitters (both [general](#) and state specific).

## SELECT KEY DATES

| DATE              | TO DO  |
|-------------------|--|
| December 31, 2010 | <ul style="list-style-type: none"> <li>• <b>Monthly</b> submitters: November 2010 claims data due</li> <li>• <b>Maine</b> submitters: Annual re-registration deadline</li> <li>• <b>Vermont insurers:</b> Annual re-registration deadline</li> </ul>   |
| January 31, 2011  | <ul style="list-style-type: none"> <li>• <b>Monthly</b> submitters: December 2010 claims data due</li> <li>• <b>Quarterly</b> submitters: Q4/2010 claims data due</li> <li>• <b>Vermont TPAs and PBMs:</b> Extended annual re-registration deadline</li> </ul>   |
| February 28       | January 2011 claims data due for <b>monthly</b> submitters   |
| March 15          | Annual re-registration deadline for <b>New Hampshire</b> submitters  |
| March 31          | February 2011 claims data due for <b>monthly</b> submitters  |
| April 1           | Annual re-registration deadline for <b>Minnesota</b> submitters  |
| April 30          | <ul style="list-style-type: none"> <li>• <b>Monthly</b> submitters: March 2011 claims data due</li> <li>• <b>Quarterly</b> submitters: Q1/2011 claims data due</li> <li>• <b>Annual</b> submitters: Q2/2010 - Q1/2011 (April 2010 - March 2011) claims data due</li> <li>• <b>Vermont Medicare Supplemental</b> submitters: Q2/2010 - Q1/2011 (April 2010 - March 2011) claims data due</li> </ul> |

**Please remember to check your state-specific update section(s) and official carrier documents for full deadlines and dates.**

## DATA USE SPOTLIGHT

### An Overview of Onpoint's Master Patient & Provider Index Services

Statewide all-payer claims databases (APCDs) offer a wealth of opportunity for follow-on analysis, research, and resource development. Such resources include master patient and provider indices, which can be carefully constructed from a combination of consolidated APCD data and meticulous manual follow-up. These master indices are essential to accurately identifying two key data points: the most complete care provided to a patient and the provider(s) who carried out that care. The intersection of these data gets to the most granular level of detail, providing critical insights into utilization and complete cost of care.

#### MASTER PATIENT INDEX

Since insurers often use proprietary coding systems that can differ even across their own health insurance products, it often becomes difficult to track patients when they change employers or simply change their health plan selection at their current job. For this reason, it becomes critical to require patient-/member-specific common ID numbers — often the Social Security number — to be reported on insurer enrollment and claims files. Onpoint CDM uses these common ID numbers to create a master index, which is rebuilt nightly on enrollment and claims files processed through our system. Without altering the original data, Onpoint also builds a corollary index table to map these IDs, assigning the unique patient ID to all enrollment and claims records for a patient.

#### MASTER PROVIDER INDEX

For clients seeking in-depth provider profiling, it's crucial to create a master provider index from the consolidated data. Identifying unique providers in the database poses challenges, however, since each insurer (Medicaid and private sector) typically has their own coding system for identifying providers. In order to aggregate data to a specific provider or

practice, these varying provider codes must be crosswalked to a single, unique ID.

Onpoint addresses the need to develop sets of common provider IDs by using a combination of automated electronic clustering and manual review. The process generally begins by using an authoritative listing of providers, such as a state licensure list, and assigning a unique provider ID to each person. Provider files from insurers then are matched electronically by common provider variables to the starting list. Insurer records with exact matches on the linking variables are assigned to the provider's common ID. Records without exact matches are sent to our linkage specialists, who research all non-links to determine whether the record is truly a new provider requiring addition to the master file or a known provider with an altered name spelling or minor error in the provider data. The matching combinations identified during this manual process are loaded as part of the master matching algorithm, allowing Onpoint CDM's automated system to learn constantly from our manual review.

#### LINKING INDIVIDUAL PROVIDERS TO CLINICS OR GROUP PRACTICES

Onpoint's experience has shown that there most often is no reliable data available from claims or state registries that associate a practitioner with a group or clinic. If this relationship is important to support a state's analytic and research goals, it must be found through the labor-intensive use of local resources, including direct contact with provider groups and clinics to obtain lists of their affiliated individual physician providers.

To learn more about Onpoint's services related to master patient and provider indices, please [contact us](#).

## NEWS & UPDATES — ALL STATES

### Reminder | Annual Registration Deadlines

As the claims-collection vendor for multiple states, Onpoint Health Data is here to help payers submit their data accurately and on schedule. A critical part of this process is keeping our contact information up to date — one of the reasons that Onpoint's state clients require annual re-registration. Please remember that all currently registered payers must re-register each year. See the table below for a reminder of your state's specific deadline. If you need help with the process or have any questions, please [contact us](#).

| ANNUAL REGISTRATION DEADLINE | STATE   |
|------------------------------|---|
| December 31, 2010            | <ul style="list-style-type: none"><li>• Maine</li><li>• Vermont (extended to January 31, 2011, for TPAs and PBMs)</li></ul> |
| March 15, 2011               | New Hampshire   |
| April 1                      | Minnesota   |
| July 1                       | Tennessee   |

### Reminder | 2010 Payer-Specific Thresholds Have Expired

**An important reminder:** Payer-specific load and data quality thresholds approved last year now have expired. January 2011 data files will fail unless payer-specific thresholds have been approved for the new year. Please [contact us](#) immediately if you have any questions or need to request payer-specific threshold extensions.

### Pending Updates to Data Thresholds in New England

Onpoint Health Data presently is working with our northern New England state clients — Maine, New Hampshire, and Vermont — on a review of regional thresholds. Both load and data quality thresholds are being reviewed for any updates necessary to ensure the quality of collected data from insurers, TPAs, and PBMs alike. A list of all relevant threshold and edit changes will be made available to affected submitters once they are finalized by state agents. Minnesota and Tennessee thresholds will be reviewed during their respective rule changes.

### Upcoming Shift to HIPAA Version 5010

On January 16, 2009, the U.S. Department of Health and Human Services (HHS) published two final rules to adopt updated HIPAA standards — one shifting from Version 4010 to Version 5010, the other shifting from ICD-9 to ICD-10. While the latter's implementation date remains several years away, the shift to HIPAA 5010 is scheduled for January 1, 2012.

Onpoint Health Data is preparing for these important shifts by reviewing the changes in the HIPAA transaction sets and their consequent impacts on current collection rules. We'll be sharing details of our findings in the coming year. For more information about Version 5010 and ICD-10, including downloadable fact sheets and 4010 vs. 5010 comparisons, visit the CMS [here](#) and [here](#).

## NEWS & UPDATES — MAINE

### Reminder | Submitting Accurate Provider & Billing Provider Fields

Beginning February 2010, 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 serve as a valuable double-check on the accuracy of service provider data submissions. Please note that any submitter who supplies unsatisfactory billing provider edits will not be failed, but instead will be advised how to correct their edits until submissions are accurate. For more information, see last newsletter's primer on the required fields (Fall 2010, page 6). 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 2011 Dates

| DATE              | TO DO  |
|-------------------|--|
| December 31, 2010 | <ul style="list-style-type: none"><li>• <b>All</b> submitters: Annual re-registration deadline</li><li>• <b>Monthly</b> submitters: November 2010 claims data due</li></ul>  |
| January 31, 2011  | <ul style="list-style-type: none"><li>• <b>Monthly</b> submitters: December 2010 claims data due</li><li>• <b>Quarterly</b> submitters: Q4/2010 claims data due</li></ul>  |
| February 28       | January 2011 claims data due for <b>monthly</b> submitters   |
| March 31          | February 2011 claims data due for <b>monthly</b> submitters  |
| April 30          | <ul style="list-style-type: none"><li>• <b>Monthly</b> submitters: March 2011 claims data due</li><li>• <b>Quarterly</b> submitters: Q1/2011 claims data due</li><li>• <b>Annual</b> submitters: Q2/2010 - Q1/2011 (April 2010 - March 2011) claims data due</li></ul> |

### 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.

## NEWS & UPDATES — MINNESOTA

### Interested in Provider Peer Grouping Monthly Updates?

Minnesota's Department of Health (MDH) has been holding monthly conference calls for those interested in staying up to date on the state's Provider Peer Grouping initiative. Onpoint CDM submitters who would like to join these calls, which are held every second Monday of the month at 7:30 A.M. (Central), are welcome to take part. Submitters can sign up for announcements of, and instructions on how to join, future meetings through MDH's [Health Reform Announcements, News and Information list serve](#).

### Upcoming 2011 Dates

| DATE              | TO DO  |
|-------------------|--|
| December 31, 2010 | <ul style="list-style-type: none"><li>April 2010 - September 2010 claims data due for submitters approved for production data</li><li><b>Monthly</b> submitters: November 2010 claims data due</li></ul> |
| January 31, 2011  | <ul style="list-style-type: none"><li><b>Monthly</b> submitters: December 2010 claims data due</li><li><b>Quarterly</b> submitters: Q4/2010 claims data due</li></ul>                                    |
| February 28       | January 2011 claims data due for <b>monthly</b> submitters   |
| March 31          | February 2011 claims data due for <b>monthly</b> submitters  |
| April 1           | Annual re-registration deadline for <b>all</b> submitters  |
| April 30          | <ul style="list-style-type: none"><li><b>Monthly</b> submitters: March 2011 claims data due</li><li><b>Quarterly</b> submitters: Q1/2011 claims data due</li></ul>                                       |

### 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.

## NEWS & UPDATES — NEW HAMPSHIRE

### Reminder | 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 2010, 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. For more information, see last newsletter's primer on the required fields ([Fall 2010, page 6](#)).

### Reminder | 100% Thresholds Now Required for Four Eligibility Elements

Recent work with New Hampshire State uncovered deficiencies in a portion of the eligibility data submitted to Onpoint CDM. Specifically, four eligibility elements were being accepted with an accuracy threshold too low to permit necessary analyses by the New Hampshire Insurance Department, which is conducting a critical premium rate review and approval process this year. The four affected elements are:

- MEO28 (Primary Insurance Indicator)
- MEO29 (Coverage Type)
- MEO30 (Market Category Code)
- MEO31 (Special Coverage)

To correct the problem, New Hampshire has mandated a new 100 percent threshold for these elements — i.e., every record must pass — effective February 1, 2011. The good news: Many payers already meet this threshold. The bad: Those who don't must correct and resubmit all historical data from 2010 forward. All such resubmissions must be completed by March 31.

Further details, including valid codes for the affected fields, were supplied in a mailing to submitters earlier this month. [That mailing](#) is archived and available via [New Hampshire's online section](#) of Onpoint CDM.

### Upcoming 2011 Dates

| DATE              | TO DO   |
|-------------------|---|
| December 31, 2010 | November 2010 claims data due for <b>monthly</b> submitters   |
| January 31, 2011  | <ul style="list-style-type: none"><li>• <b>Monthly</b> submitters: December 2010 claims data due</li><li>• <b>Quarterly</b> submitters: Q4/2010 claims data due</li></ul>                                   |
| February 1        | 100% thresholds take effect for elements MEO28-MEO31 ( <a href="#">read more</a> )  |
| February 28       | January 2011 claims data due for <b>monthly</b> submitters  |
| March 31          | <ul style="list-style-type: none"><li>• Deadline for resubmission of 2010 data with insufficient thresholds for MEO28-MEO31</li><li>• February 2011 claims data due for <b>monthly</b> submitters</li></ul> |
| April 1           | Annual re-registration deadline for <b>all</b> submitters   |
| April 30          | <ul style="list-style-type: none"><li>• <b>Monthly</b> submitters: March 2011 claims data due</li><li>• <b>Quarterly</b> submitters: Q1/2011 claims data due</li></ul>                                      |

## Contact Us

Click [here](#) for general questions about how Onpoint works with New Hampshire Comprehensive Health Care Information System. Click [here](#) for specific questions or issues regarding encryption, uploading, or data file submission and status.

## NEWS & UPDATES — TENNESSEE

### Tennessee's Expanding Team

Tennessee's Department of Finance and Administration recently has expanded its in-house roster focused on enhancing the state's APCD. These officials will become increasingly familiar to submitters, and Onpoint is excited to welcome and work with them. The newest members of Tennessee's growing team include:

- **William Cisco**, TN APCD Project Manager
- **May Brock**, TN APCD Business Analyst  
*Key areas of involvement:* Analysis/report design and implementation; literature review to identify research methods to support the development of quantitative models for the use of the TN APCD data; co-construction of analytical plans; coding to generate systematic reports from the database to support and meet users' needs
- **Rajesh Kannan**, TN APCD Database Analyst  
*Key areas of involvement:* Database modeling and design, ETL, backup/recovery policy, query tuning, architecture, resource estimation

### Requesting a Registration Extension

Tennessee law requires most data submitters to register with Onpoint CDM for use of the state's All Payer Claims Database (APCD). (See [Tennessee's official rule](#) for full details.) While July 1, 2010, was the initial deadline for submission of data to the APCD, Tennessee's Division of Health Planning authorized extensions until November 30, 2010, for health insurance issuers that experienced problems in compliance. Submitters needing an additional extension beyond November 30, were required to provide additional information to the state as outlined in this [October 2010 memorandum](#) from Tennessee State officials.

### Upcoming 2011 Dates

| DATE              | TO DO   |
|-------------------|---|
| December 31, 2010 | November 2010 claims data due for <b>monthly</b> submitters   |
| January 31, 2011  | <ul style="list-style-type: none"><li>• <b>Monthly</b> submitters: December 2010 claims data due</li><li>• <b>Quarterly</b> submitters: Q4/2010 claims data due</li></ul> |
| February 28       | January 2011 claims data due for <b>monthly</b> submitters  |
| March 31          | February 2011 claims data due for <b>monthly</b> submitters   |
| April 30          | <ul style="list-style-type: none"><li>• <b>Monthly</b> submitters: March 2011 claims data due</li><li>• <b>Quarterly</b> submitters: Q1/2011 claims data due</li></ul>    |
| July 1            | Annual re-registration deadline for <b>all</b> submitters   |

### 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.

## NEWS & UPDATES — VERMONT

### Re-Registration Update: Our Thanks to TPAs & PBMs

Onpoint offers its thanks to all TPA and PBM submitters for your patience and cooperation with the recent re-registration effort. The enhanced VHCURES registration page will save time for submitters in the coming years, eliminating the need for TPAs and PBMs to register separately with the Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA).

### Medicaid Integration Under Way

Onpoint is working closely with the Department of Vermont Health Access team to integrate Medicaid claims data into the VHCURES database over the next several months. Vermont is going beyond the standard list of commercial elements, electing to include all of the Medicaid-specific data required to support both Medicaid-only and all-payer reporting needs.

### Claims-Based Analysis & Reporting On the Rise

Vermont's government and research organizations increasingly are recognizing the value contained in the state's large and rich data set, which now offers more than three years of available data. A number of recently completed studies and reports undertaken for Vermont are available publicly and have proven integral to [critical health policy and reform-related analyses](#). Examples include:

- **Onpoint's Report Card** — Vermont soon will be releasing a comprehensive analysis of healthcare utilization, quality, and cost by Hospital Service Area. These reports will feature rates adjusted for age, gender, and health risk, and will include a range of valuable measures such as HEDIS rates, episode-based cost data, frequency of selected procedures, avoidable emergency department use, readmissions, advanced imaging, and expenditures.
- **Blueprint Program Evaluation** — Onpoint is assisting Vermont's health reform program, Blueprint for Health, with an evaluation of its Advanced Medical Home pilot initiative. This carefully designed study will assess the overall progress toward program goals by comparing pilot participants (flagged in the database by participating health plans) with a matched cohort of individuals on a range of healthcare economic and quality measures.
- **Hsiao Report on Health Reform** — The much-anticipated recommendations for health reform in Vermont from Harvard economist Dr. William Hsiao were released in a draft report earlier this month. Based partly on his team's in-depth analysis of VHCURES commercial claims data, the draft report lays out options for payment system redesign, including a single-payer option supported by Vermont's new governor. Links to Dr. Hsiao's draft report, presentation, and video are [available here](#).

## Upcoming 2011 Dates

| DATE              | TO DO   |
|-------------------|---|
| December 31, 2010 | <ul style="list-style-type: none"><li>• <b>Insurers:</b> Annual re-registration deadline</li><li>• <b>Monthly</b> submitters: November 2010 claims data due</li></ul>   |
| January 31, 2011  | <ul style="list-style-type: none"><li>• <b>TPAs and PBMs:</b> Extended deadline for annual re-registration (<a href="#">read more</a>)</li><li>• <b>Monthly</b> submitters: December 2010 claims data due</li><li>• <b>Quarterly</b> submitters: Q4/2010 claims data due</li></ul>    |
| February 28       | January 2011 claims data due for <b>monthly</b> submitters  |
| March 31          | February 2011 claims data due for <b>monthly</b> submitters   |
| April 30          | <ul style="list-style-type: none"><li>• <b>Monthly</b> submitters: March 2011 claims data due</li><li>• <b>Quarterly</b> submitters: Q1/2011 claims data due</li><li>• <b>Medicare Supplemental</b> submitters: Q2/2010 - Q1/2011 (April 2010 - March 2011) claims data due</li></ul> |

## Contact Us

Click [here](#) for general questions about how Onpoint works with the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Click [here](#) for specific questions or issues regarding encryption, uploading, or data file submission and status.

To speak directly with your state representative, please contact Dian Kahn, Director of the VHCURES program, by [email](#) or phone (802-828-2906).



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