

FAQS FROM THE TENNESSEE SUBMITTER ORIENTATION MEETING (APRIL 7, 2010)

- Question 1** What if the submitter is a PBM not licensed in Tennessee but covers Tennessee residents?
- Answer 1** The submitter is not required to register or submit claims, but their voluntary participation is highly encouraged.
- Q2** Can a group of people be designated as the point of contact?
- A2** A single person's name must be entered as the registrant and as the compliance contact. Submitters can provide a generic email address that goes to a group within their organization.
- Q3** What if the submitter is a third-party administrator (TPA) that has a waiver?
- A3** The TPA must register and submit data if they meet the requirements.
- Q4** Is the JAVA encryption software stand alone?
- A4** Onpoint Health Data has developed a stand-alone, one-way data element encryption application that is run on the reporter's desktop before data are submitted to Onpoint CDM. See the [Tennessee All Payer Claims Database Procedure Manual](#) (p.14) for more information on the encryption process.
- Q5** If a provider submits one version of DRG and the payer pays based on another version of DRG, which version should be submitted? What if no DRGs are provided at all?
- A5** Precedence shall be given to DRGs transmitted from the hospital provider. When the CMS methodology for DRGs is not available, but the All Payer DRG system is available, then that system shall be used. There is a 0 percent threshold required for the associated data element (MC071).
- Q6** Can DQ edits be available early in the programming process?
- A6** Onpoint Health Data will post the list of DQ edits in June 2010 to the [Tennessee](#) section of the Onpoint CDM website. These edits are subject to change.

- Q7** What if the data file has special characters (e.g., *)?
- A7** Surround the character with double quotation marks (e.g., “*”).
- Q8** What if double quotation marks are part of the submitted data?
- A8** Surround them with double quotation marks (e.g. “””).
- Q9** What is the definition of Institutional IP?
- A9** Total number of MC records for all claims (MCO04) where at least one claim line contains a type of bill (MCO36) = 11-12, 41-42 or a revenue code (MCO54) between 110 and 219. All INSTITUTIONAL IP records also are classified as INSTITUTIONAL records.
- Q10** What is the variance procedure?
- A10** If a submitter is unable to meet required thresholds they may request a variance. They should send an email to tninfo@onpointcdm.org and include the following information: field ID, field name, data type, time period, reason for requesting a variance, requestor’s name, and phone number.
- Q11** Can you summarize the submission process?
- A11**
- One month of data must pass:
 - Encryption
 - Prelim
 - Load
 - DQ review
 - One month of eligibility and claims data must pass: Approval
 - Six months of eligibility and claims data must pass: PMPM review
- Q12** Are you collecting Federal Employee Health Benefit Plans?
- A12** No, those are not part of the collection effort.

For other questions about how Tennessee submissions work or about Onpoint CDM, please contact Onpoint Health Data by email (tninfo@onpointcdm.org) or phone (207 430-0642).