



ONPOINTCDM
Claims Data Manager

Onpoint CDM Newsletter

April 2011

This document was prepared by Onpoint Health Data.

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WELCOME

Welcome to the April 2011 edition of the Onpoint CDM newsletter, which includes a review of key system changes, updates, and deadlines from both the previous quarter (Q1/2011) and the coming months. This issue also features a backgrounder on how data flows through Onpoint CDM as well as important news for submitters (both [general](#) and state specific).

SELECT KEY DATES

DATE	TO DO
March 15	Annual re-registration deadline for New Hampshire submitters
April 1	Annual re-registration deadline for Minnesota submitters
April 30	<ul style="list-style-type: none"> • Monthly submitters: March 2011 eligibility and claims data due • Quarterly submitters: Q1/2011 eligibility and claims data due • Annual submitters: Q2/2010 – Q1/2011 (April 2010 – March 2011) eligibility and claims data due • Vermont Medicare Supplemental submitters: Q2/2010 – Q1/2011 (April 2010 – March 2011) eligibility (only) data due
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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 CDM's Initial ETL Process

Health insurers, third-party administrators (TPAs), and pharmacy benefit managers (PBMs) from five states currently submit claims and eligibility data using Onpoint's robust APCD solution, Onpoint CDM (Claims Data Manager).

Onpoint CDM is a complex tool — flexible enough to securely accept data files of all sizes from a wide variety of payers and states, yet sophisticated enough to ensure that incoming data satisfies each state's custom requirements and regulations before being loaded.

While state agencies and regulations determine the precise timing and content of submitters' files, it's Onpoint's job to convert that raw data into a valuable analytical healthcare resource for researchers and policymakers alike. A key part of this process is known as ETL — extract, transform, and load — whose steps include:

EXTRACT

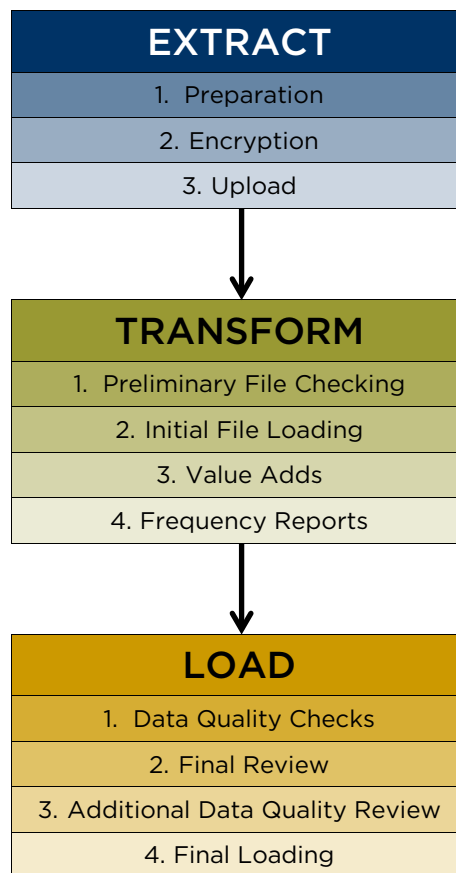
1. Preparation —

Submitters are required to supply data that conforms to the file layouts established by their states' governing agencies. While these collection layouts vary slightly from state to state (despite ongoing standardization efforts), they generally consist of asterisk-delimited files containing data on both member enrollment and paid claims — medical, pharmacy, and, in some states, dental.

2. Encryption — Prepared data is protected before transmission using an encryption algorithm built specifically for Onpoint's clients. The software, which runs locally on a submitter's computer, encrypts claims and eligibility data across all file types, providing a consistent marker that allows us to maintain the integrity of a de-identified member's record throughout consolidation. Protected health information (PHI)

is blinded using one-way encryption, eliminating the ability of anyone — at Onpoint or elsewhere — to re-identify sensitive data. Unencrypted PHI cannot be accepted by the Onpoint CDM system; any unsecured submission is flagged and failed until all issues are corrected and all PHI safeguarded.

3. Upload — Once a submission is encrypted and verified, it's compressed to speed up transmission. Uploads are facilitated by Onpoint's secure web portal, which also serves as a back-end data management tool that allows users to track submissions' progress through the system.



TRANSFORM

1. Preliminary File Checking

— Onpoint CDM assigns a permanent, unique file ID to each uploaded file, embedding it with critical data — submission date, data type, submitter ID, record volume, and time span covered — that allows submitters and staff to track its stage and status. During this preliminary phase (known as *Prelim*), the

submission is uncompressed and standard file-level checking is performed. This process includes validating date ranges and submitter codes, comparing the actual record count against the header record, and comparing the records against the header-indicated file type.

Prelim fails a submission at the first occurrence of any error, automatically sending the submitter an email identifying the failed record, citing the reason for failure, and requesting resubmission.

2. Initial File Loading — Following *Prelim*, a file is loaded and a text-based Oracle view of the file is created. This step helps accommodate data that fail to load due to incompatibility with data types (e.g., alpha data in a numeric field). This phase of file transformation verifies the existence of critical data elements at a high level. This high-level consistency checking is programmed at the submitter level, allowing for individual submitter variances as authorized by the state.

3. Value Adds — Once data is checked for high-level consistency and valid coding, it undergoes another round of validation based on value-added work. In this stage, new fields are built from the originally reported data, allowing Onpoint to check coding accuracy by comparing corollary fields across file types. Value-added fields include aggregated age groupings and standardized gender, product, and relationship coding across data types and drug categorizations. All value-added work occurs in a new field, preserving the originally submitted data unless otherwise directed by the state. These value-added fields then are rolled into the warehouse, ultimately allowing states to dig deeper and more efficiently into their data.

4. Frequency Reports — Next, a frequency count is created for every data element to evaluate the percent of records with a valid entry, a null entry, and/or an invalid entry. The completeness percent, based upon records with a valid entry, is evaluated against the state's approved tolerance threshold for each data element. Any submission

with one or more threshold failures is rejected and a failure notice, including a link to the online error report, is sent automatically to the submitter.

LOAD

1. Data Quality Checks — Data quality checks perform two critical tasks: (1) They evaluate the validity and distribution of the individual data elements and (2) crosscheck the appropriateness of values in conjunction with other data contained in the same record. Data is crosschecked against national coding systems, including ICD-9 diagnoses, ICD-9 procedures, CPT and HCPCS codes, and NDC codes. Data quality checks assess the interrelationship of individual data elements and evaluate rates against parameter-driven thresholds to spot anomalies and errors.

2. Final Review — Once a submission passes all data-quality (DQ) threshold checks, it's marked as *DQ/PASS* and the submitter is notified automatically. If a submission fails one or more checks, submitters instead are notified that their file is in *DQ/REVIEW* for manual inspection. Hands-on data mining generally is required for problems identified at this point.

3. Additional Data Quality Review — In addition to verifying the integrity of individual submissions, it's often necessary to look at a submission in the context of all other submissions for that data period. Onpoint CDM's online tools enable data managers to examine the database in aggregate, identifying duplicate submissions and records, data gaps, and unusual trends in volume and payments that warrant further inquiry.

4. Final Loading — Final loading of data into Onpoint's Oracle data warehouse occurs for file submissions that have passed loading edits, data quality edits, and data quality review. This master data warehouse serves as the foundation for each state's distinct sub-warehouse from which their final data is further quality-checked and consolidated — an entirely separate ETL process!

NEWS & UPDATES — ALL STATES

Reminder | Annual Registration Deadlines

As the claims-collection vendor for multiple states, Onpoint Health Data is committed to helping 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 the most recent and upcoming state-specific deadlines. If you need help with the process or have any questions, please [contact us](#).

ANNUAL REGISTRATION DEADLINE	STATE
March 15	New Hampshire
April 1	Minnesota
July 1	Tennessee

Data Thresholds Updated for Maine, New Hampshire, & Vermont

As part of our standard data collection services, Onpoint works with state clients to ensure that incoming data will provide sufficient information to meet their research needs. This process includes routine review of data quality and accuracy thresholds, which can be adjusted for a range of reasons, including states’ evolving research requirements, a maturing data set, and working knowledge of payers’ data.

Following recent joint discussions, state agencies in Maine, New Hampshire, and Vermont have decided to raise the thresholds for a number of collected elements. **These changes take effect on July 1, 2011.**

A notice detailing the affected elements and their new thresholds was emailed to all registered submitters on April 15. A copy of that communication can be viewed online at Onpoint CDM by clicking [here](#).

Note that these changes are not retroactive; no resubmission of historical data is required at this time. Note, too, that all current submission deadlines remain in place. (Thresholds for Minnesota and Tennessee data will be reviewed during their respective rule changes.)

Onpoint CDM AutoUploader Now in Pilot Testing

Onpoint CDM recently completed initial programming on its new AutoUploader application, which will offer credentialed users the option of transferring multiple files using a secure, automated process with drag-and-drop functionality. The beta version of our new AutoUploader is being tested now by a small group of submitters who will provide feedback on functionality and additional development needs. Once beta-testing is complete, Onpoint will make the AutoUploader available to all submitters. Additional information can be found in the preliminary Technical Bulletin available [here](#).

Upcoming Shift to HIPAA Version 5010

In January 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 less than a year away — 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

Data Thresholds Updated for Maine

Following recent joint discussions, state agencies in Maine, New Hampshire, and Vermont have decided to raise the thresholds for a number of collected elements. **These changes take effect on July 1, 2011.** A notice detailing the affected elements' new thresholds was emailed to all registered submitters on April 15. A copy of that communication can be viewed online at Onpoint CDM by clicking [here](#).

Note that these changes are not retroactive; no resubmission of historical data is required at this time. Note, too, that all current submission deadlines remain in place.

Reminder | Submitting Accurate Provider & Billing Provider Fields

Beginning in 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 information will not be failed, but instead will be advised how to correct their data until submissions are accurate. For more information, see Onpoint'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

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Contact Us

Click [here](#) for general questions about how Onpoint works with the Maine Health Data Processing Center (DPC). 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](#).

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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

Data Thresholds Updated for New Hampshire

Following recent joint discussions, state agencies in Maine, New Hampshire, and Vermont have decided to raise the thresholds for a number of collected elements. **These changes take effect on July 1, 2011.** A notice detailing the affected elements' new thresholds was emailed to all registered submitters on April 15. A copy of that communication can be viewed online at Onpoint CDM by clicking [here](#).

Note that these changes are not retroactive; no resubmission of historical data is required at this time. Note, too, that all current submission deadlines remain in place.

Newly Released: NH Medicaid Annual Report (State Fiscal Year 2010)

In addition to collecting and consolidating New Hampshire's commercial claims data, Onpoint has been working with the state's Medicaid data since 2005. The New Hampshire Office of Medicaid Business and Policy recently published the NH Medicaid Annual Report for state fiscal year 2010, which is now [available online](#). The Medicaid Annual Report provides a comprehensive review of New Hampshire's Medicaid program, including information on the population served, services utilized, and associated expenditures. The report represents a collaborative effort between Onpoint, the Muskie School of Public Service (University of Southern Maine), and the New Hampshire Office of Medicaid Business and Policy.

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 in 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 Onpoint'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:

- ME028 — Primary Insurance Indicator
- ME029 — Coverage Type
- ME030 — Market Category Code
- ME031 — 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 were meeting

this threshold. The bad: Those who weren't must correct and resubmit all historical data from 2010 forward. All such resubmissions were due by March 31.

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

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Contact Us

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

NEWS & UPDATES — TENNESSEE

Data Elements Critical to Identifying Providers

Onpoint 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 collect 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 are critical components to understanding how healthcare is being delivered across a state, which is why data users and states alike are placing renewed emphasis on their collection. These data fields help states assess the comparative quality, effectiveness, and efficiency of care delivery across regions, health systems, and individual provider organizations. Tennessee officials have determined that the APCD elements critical to their current research activities center around these fields. Please, therefore, pay particular attention to the accurate and thorough population of the following elements:

SERVICE PROVIDER FIELDS[†]

- MC024 — Service Provider Number
- MC025 — Service Provider Tax ID Number
- MC026 — National Service Provider ID
- MC027 — 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
- MC033 — Service Provider City Name
- MC034 — Service Provider State or Province
- MC035 — Service Provider ZIP Code

[†] Note that service provider fields in professional claims must be populated with information on the physician performing the service, not the group information. Service provider fields in institutional claims, on the other hand, must be populated with information on the facility performing the service.

BILLING PROVIDER FIELDS[†]

- MC076 — Billing Provider Number
- MC077 — National Billing Provider ID
- MC078 — Billing Provider Last Name or Organization Name

PRESCRIBING PROVIDER FIELDS

- PC044 — Prescribing Physician First Name
- PC045 — Prescribing Physician Middle Name
- PC046 — Prescribing Physician Last Name
- PC047 — Prescribing Physician Number

The above mapping, as well as information on thresholds and other required fields, is available in the *Tennessee All Payer Claims Database Procedure Manual*, which can be downloaded at Onpoint CDM's [online pages for Tennessee submitters](#).

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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.

[†] Note that both professional and institutional claims must be populated with billing provider information.

NEWS & UPDATES — VERMONT

Data Thresholds Updated for Vermont

Following recent joint discussions, state agencies in Maine, New Hampshire, and Vermont have decided to raise the thresholds for a number of collected elements. **These changes take effect on July 1, 2011.** A notice detailing the affected elements and their new thresholds was emailed to all registered submitters on April 15. A copy of that communication can be viewed online at Onpoint CDM by clicking [here](#).

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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. After a thorough needs assessment, the final list of data elements has been developed and the programming of data architecture and element-specific edits has begun. Onpoint looks forward to beginning to receive Medicaid data in June.

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 claims data set, which now offers more than three years of historical 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 by Hospital Service Area (HSA)** — Vermont recently released a comprehensive analysis of healthcare utilization, quality, and cost by HSA. These reports feature rates adjusted for age, gender, and health risk, and include a range of valuable measures such as HEDIS rates, episode-based cost data, frequency of selected procedures, avoidable emergency department use, readmissions within 30 days, 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** — In February, the much-anticipated recommendations for health reform in Vermont from Harvard economist Dr. William Hsiao were released in their final form. Based partly on his team's in-depth analysis of VHCURES commercial claims data, the report lays out options for payment system redesign, including a single-payer option supported by Vermont's current governor. Links to Dr. Hsiao's final report, presentation, and video, as well as links to legislative Q&A sessions focused on the report, are [available here](#).

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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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