



ONPOINTCDM
Claims Data Manager

Onpoint CDM Newsletter

July 2011

This document was prepared by Onpoint Health Data.

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WELCOME

Welcome to the July 2011 edition of the Onpoint CDM newsletter, which includes a review of key system changes, updates, and deadlines from both the previous quarter (Q2/2011) and the coming months. This issue also features a backgrounder on Onpoint's recent analytic work with the Vermont Blueprint for Health initiative as well as important news for submitters (both [general](#) and state specific).

SELECT KEY DATES

DATE	TO DO
June 30	<ul style="list-style-type: none"> • Minnesota submitters: Q4/2010 – Q1/2011 (October 2010 – March 2011) eligibility and claims data due
July 1	<ul style="list-style-type: none"> • Annual registration/re-registration deadline for Tennessee submitters • Updated load threshold changes now in effect for submitters in Maine, New Hampshire, and Vermont
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Please remember to check your state-specific section(s) and official carrier documents for full updates, deadlines, and dates.

DATA USE SPOTLIGHT

First Evaluation of Vermont's Blueprint for Health Initiative

As a growing number of states look for ways to make healthcare delivery more efficient and effective, one approach earning increasing attention is the patient-centered medical home (PCMH) — an effort to redesign the organization and delivery of primary care to improve access and consistency across providers.

Recently, the U.S. Centers for Medicare & Medicaid Services (CMS) approved grants to eight states to build on PCMHs and related ideas through the CMS's Advanced Primary Care demonstration program. Vermont was selected as one of these states, using the funds to further the state's innovative Blueprint for Health chronic care initiative, which is administered by the Department of Vermont Health Access.

The Blueprint's Integrated Health Services model includes Patient Centered Medical Homes supported by Community Health Teams, all-insurer payment reforms, a health information technology infrastructure that supports guideline based care, and an evaluation and quality improvement infrastructure to support a continuously improving Learning Health System.

Vermont recently asked Onpoint to help assess Blueprint's early impact using commercial claims data from the state's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES), which Onpoint manages and maintains.

Onpoint's analysis focused on the first two Vermont health service areas (HSAs) to pilot the Blueprint program: Burlington and St. Johnsbury.

Onpoint evaluated two populations in each HSA — Blueprint participants and matched controls — both at baseline (the year prior to Blueprint's implementation) and then one year after start up. A range of measures were examined for all groups, including:

- **Inpatient** — Discharges, ambulatory care sensitive (ACS) conditions, days, and readmissions
- **Outpatient hospital** — Emergency department (ED) visits, potentially avoidable ED visits, and ED visits for ACS conditions
- **Expenditures** — Total, inpatient, outpatient hospital, professional, pharmacy, outpatient ED, and mental health / substance abuse expenditures; annual expenditures for participants with selected chronic conditions also evaluated
- **Utilization** — Inpatient visits, outpatient ED visits, non-hospital outpatient visits, primary care visits, specialist visits, selected diagnostic testing measures, and comprehensive diabetes preventive care measures



The analysis provides an important first look at the Blueprint intervention and suggests some promising paths to better understanding how the program is working for Vermont citizens.

NEWS & UPDATES — ALL STATES

Reminder | If You Capture It, Provide It

Please be aware that if the threshold for any given field is 0, it should not be assumed that the field is optional. Please provide all captured data regardless of the field's threshold limit. Doing so allows for a broader data set that helps states perform the analytics work critical to supporting healthcare research and reform initiatives.

Reminder | 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 decided to raise the thresholds for a number of collected elements. **These changes took effect on July 1, 2011.** (Thresholds for Minnesota and Tennessee data will be reviewed during their respective rule changes.) A notice detailing the affected elements and their new thresholds was emailed to all registered submitters on April 15 (an archived copy can be viewed online at Onpoint CDM by clicking [here](#)).

Note that these changes are not retroactive; resubmission of historical data is not required at this time. Note, too, that all current submission deadlines remain in place.

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

Update & Reminder | Data Thresholds Further Updated for Maine

Following recent joint discussions, state agencies in Maine, New Hampshire, and Vermont decided to raise the thresholds for a number of collected elements. **These changes took effect on July 1, 2011.** A notice detailing the affected elements and their new thresholds was emailed to all registered submitters in mid-April. **Additionally — and for Maine submitters only — these thresholds were further updated as of July 2011. An updated catalog of adjusted thresholds has been posted to Onpoint CDM and can be accessed [here](#).**

Note that these changes are not retroactive; resubmission of historical data is not 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

DATE	TO DO
July 1	<ul style="list-style-type: none">Updated load threshold changes now in effect for Maine submitters (read more here)
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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

Notice | NH Annual Carrier Meeting — October 5

On October 5, Onpoint Health Data will coordinate the annual carrier meeting for those submitting data for the state of New Hampshire. An agenda, including specific times and teleconference information, will be distributed soon. Any questions can be directed in the meantime to Andrew Bourret, Health Data Analyst at Onpoint, via [email](#) or phone (207-430-0636).

Reminder | Data Thresholds Updated for New Hampshire

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

Note that these changes are not retroactive; resubmission of historical data is not required at this time. Note, too, that all current submission deadlines remain in place.

Reminder | Submitters Must Coordinate with Business Partners for Carve-Out Submissions

Recent work with New Hampshire State has uncovered duplicated claims data between payers with a carve-out relationship. Please remember that submitters must coordinate with their business partners to determine which party is the appropriate submitter. To curtail this problem, which interferes with accurate data analysis, Onpoint will be working with New Hampshire officials to review submissions for duplicates. If your submissions are found to contain duplicates, we will be contacting you to offer assistance in correcting the problem.

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

Key Identifier Threshold Requirements Under Review

A note to submitters for the state of Tennessee: Please note that officials are in the process of considering increasing threshold requirements for all key identifier fields for both providers and members. Please stay tuned for further details.

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). All of these clients — Maine, Minnesota, New Hampshire, Tennessee, and Vermont — currently 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
-

[†] 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.

- MC033 — Service Provider City Name
- MC034 — Service Provider State or Province
- MC035 — Service Provider ZIP Code

BILLING PROVIDER FIELDS *(Note that both professional and institutional claims must be populated with billing provider information.)*

- 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.

NEWS & UPDATES — VERMONT

Data Thresholds Updated for Vermont

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

Note that these changes are not retroactive; resubmission of historical data is not required at this time. Note, too, that all current submission deadlines remain in place.

Update | Medicaid Integration Under Way

Onpoint and Vermont's Medicaid program, the Department of Vermont Health Access, teamed up this past winter to plan for the integration of Medicaid enrollment and claims data into VHCURES. Plans are on track for the inclusion of both commercial-like and Medicaid-specific data elements into the state's all-payer system beginning this fall. Onpoint has adapted its claims processing system to accept and validate the significantly expanded list of elements, which extend far beyond the standard commercial fields, with the goal of supporting both all-payer and Medicaid-only reporting needs.

Medicare Integration Also Under Way

Vermont was selected as one of eight states nationwide for participation in the U.S. Centers for Medicare & Medicaid Services (CMS) Advanced Primary Care demonstration program. Under this program, CMS is providing funding for the integration of Medicare enrollees into statewide Patient-Centered Medical Home initiatives, including Vermont's Blueprint for Health. An important component of the demonstration program is the provision of more timely Medicare enrollment and claims files to support important health reform efforts that require comprehensive and up-to-date data. (In the past, Medicare data have been both costly and significantly delayed.) Beginning this fall, Vermont expects to begin receiving monthly (or, possibly, quarterly) files from CMS, and Onpoint is already at work on its behalf, participating in program calls, mapping files, and planning for system changes (see above).

Insurance Rate Review

As part of a federal grant, Vermont is evaluating the utility of claims data analysis to enhance the insurance rate review process. Onpoint and Compass Health Analytics, an actuarial firm, is testing the fit between rate filings and claims data. BISHCA will be submitting a preliminary report of findings and recommended next steps to the federal government for the Cycle I grant at the end of July.

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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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