



ONPOINTCDM
Claims Data Manager

Onpoint CDM Newsletter

October 2011

This document was prepared by Onpoint Health Data.

THIS ISSUE'S CONTENTS

Welcome	1
Select Key Dates	1
News & Updates — All States	2
News & Updates — Maine	4
News & Updates — Minnesota	5
News & Updates — New Hampshire	7
News & Updates — Tennessee	8
News & Updates — Vermont.....	9

WELCOME

Welcome to the October 2011 edition of the Onpoint CDM newsletter, which includes a review of key system changes, updates, and deadlines from both the previous quarter (Q3/2011) and the coming months. Please remember to check your state's News & Updates section for important news for submitters (both [general](#) and state specific).

SELECT KEY DATES

DATE	DEADLINE
October 31	<ul style="list-style-type: none"> Monthly submitters: September 2011 eligibility and claims data due Quarterly submitters: Q3/2011 eligibility and claims data due
November 30	<ul style="list-style-type: none"> Monthly submitters: October 2011 eligibility and claims data due
December 31	<ul style="list-style-type: none"> Monthly submitters: November 2011 claims data due Maine submitters: Annual re-registration deadline Vermont insurers, including TPAs and PBMs: Annual re-registration deadline
January 31, 2012	<ul style="list-style-type: none"> Monthly submitters: December 2011 claims data due Quarterly submitters: Q4/2011 claims data due

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

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 and helps states perform the analytics work critical to supporting healthcare research and reform initiatives.

Ongoing Review of Data Quality Edits — Changes Coming in February 2012

To make sure incoming data keeps pace with research needs, Onpoint regularly works with our state clients to assess the specifications for data submitted to Onpoint CDM. This process includes routine review of data quality (DQ) and validation thresholds, which can be adjusted for a range of reasons, including states' evolving analytic requirements, the need to update a maturing data set, and current knowledge of payers' data.

As part of this process, Onpoint will be undertaking a series of updates to multiple standard and state-specific DQ edits. These updates, which will be implemented on a quarterly basis, will continue until all edits have been refreshed as needed. Keep an eye on your email inbox — and this newsletter — for further details on all updated specifications prior to implementation.

Note that the first of these updates will take effect on February 1, 2012. Next month, we'll be sending more information about the impacted elements so payers can adjust their extract specifications if needed. As always, Onpoint's intake staff will be happy to work with submitters to help them meet their states' requirements.

Onpoint CDM's Auto-Encryption & Upload Utility is Moving to Pilot Testing

Onpoint CDM recently completed initial programming on its new Auto-Encryption & Upload Utility, 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 utility 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 Auto-Encryption & Upload Utility 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 implementation of ICD-10 remains two years away, the shift to HIPAA 5010 is fast approaching: January 1, 2012.

Onpoint has evaluated the impact of 5010 on state collection rules and will be prepared for implementation in January 2012. We currently are working with our state clients to update their carrier manuals as needed. These updates, which are scheduled for release in November, will supply the appropriate mapping of submitted data elements to the 5010 transaction sets and will govern 2012 submissions to Onpoint CDM. (Note: The overall impact on submitters is expected to be minimal.)

For more information about Version 5010 and ICD-10, including downloadable fact sheets and 4010 vs. 5010 comparisons, visit the CMS website [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. 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 2011-2012 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](#).

A Reminder About the Mutual Exclusivity of MC036 & MC037

MDH would like to remind submitters that collected elements MC036 (Type of Bill – Institutional) and MC037 (Site of Service – Professional) are mutually exclusive, requiring that one be populated and the other null on each claim record. The populated/null elements toggle based on the type of claim as follows:

- Institutional Claims — **MC036** should be populated; **MC037** should be null.
- Professional Claims — **MC036** should be null; **MC037** should be populated.

Medical Claims (MED_DETAIL)		
ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
MC036 BILL_TYPE Type of Bill - Institutional	VARCHAR2 (3)	This payer-supplied field, which is required for institutional claims and is not to be used for professional claims, contains the Type of Bill code as reported per the National Uniform Billing Committee’s official UB-04 specifications manual.
MC037 SVC_SITE_TYPE Site of Service - Professional	NUMERIC (2)	This payer-supplied field, which is required for professional claims and is not be used for institutional claims, records the site where the service was performed.

To ensure the utility of data in the Minnesota Health Care Claims Reporting System (MHCCRS), the threshold for ensuring the population of these two fields — as well as an additional check on their mutual exclusivity — have been set at 99 percent. If you need help understanding how to supply these data accurately, please contact us.

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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

NH Annual Carrier Meeting Materials Available Online

On October 5, Onpoint Health Data coordinated the annual carrier meeting for those submitting data to the New Hampshire Comprehensive Health Care Information System (CHIS). Supporting materials from the meeting now are available in [New Hampshire's section](#) of Onpoint CDM. For additional follow-up and questions, please contact Andrew Bourret, Project Manager and Quality Assurance Analyst at Onpoint, by [email](#) or phone (207-430-0636).

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.

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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

Conclusion of Data Collection Contract for the Tennessee APCD

Please note: Onpoint Health Data's two-year claims data collection contract with the state of Tennessee will be concluding on November 30, 2011. The state currently is assessing how best to proceed with its data collection efforts and will provide submitters with further information in the near future.

On October 24, Onpoint stopped accepting submissions to Tennessee's APCD and closed its secure portal, deactivating logins and suspending access. On November 30, Onpoint will decommission Tennessee's public portal at Onpoint CDM. Further details may be found in the official notice, which is available [here](#) until the end of November.

Contact Us

If you have any questions about the deadlines noted above, please contact Gloria McCann, Onpoint's Manager of Health Data Services ([email](#); 207-430-0642). For all other questions concerning Tennessee's APCD, please contact William Cisco, APCD Project Manager ([email](#); 615-532-7719).

NEWS & UPDATES — VERMONT

VHCURES Says Thanks to Submitters

A note from Dian Kahn, Director of the VHCURES program: The state of Vermont is appreciative of the efforts of those insurers, TPAs, and PBMs who have achieved compliance and continue to file the required data in a timely manner. We estimate that we are capturing data on about 85% of the commercially insured market, which is up substantially from where we started (with less than 70% data capture). With the impending integration of Medicaid data and work under way to obtain Medicare claims data (see items below), Vermont will have a powerful data resource to measure utilization and expenditures for healthcare services for the Vermont population.

The state of Vermont is anticipating future amendments to the reporting requirements specified under [Rule H-2008-01](#). We will continue to make every effort to harmonize our reporting requirements with other states in the region and to be synchronous with established eligibility and claims coding standards.

Update | Medicaid Integration Under Way

Vermont's Medicaid program, the Department of Vermont Health Access, and BISHCA teamed up with Onpoint last 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 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-specific 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 evaluated the utility of claims data analysis to enhance the insurance rate review process. Onpoint and Compass Health Analytics, an actuarial consulting firm, tested the fit between rate filings and claims data. BISHCA submitted a preliminary report summarizing findings and recommended next steps.

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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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