



**ONPOINTCDM**  
Claims Data Manager

# Onpoint CDM Newsletter

## January 2012

This document was prepared by Onpoint Health Data.

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## WELCOME

Welcome to the January 2012 edition of the Onpoint CDM newsletter, which includes a review of key system changes, updates, and deadlines from both the previous quarter (Q4/2011) and the coming months. Please remember to carefully review all relevant News & Updates sections to stay up to date on important changes to collected data, state rules, and system enhancements.

## SELECT KEY DATES

DATE	DEADLINE
January 1	<ul style="list-style-type: none"> <li>• <b>Notice:</b> HIPAA 5010 standards take effect ( <a href="#">read more »</a> )</li> <li>• MN submitters: Q2/2011 – Q3/2011 (April 2011 – September 2011) eligibility and claims data due</li> </ul>
January 31	<ul style="list-style-type: none"> <li>• <b>Registration Deadline:</b> Maine submitters must complete annual re-registration ( <a href="#">read more »</a> )</li> <li>• Monthly submitters: December 2011 claims data due</li> <li>• Quarterly submitters: Q4/2011 claims data due</li> </ul>
February 1	<ul style="list-style-type: none"> <li>• <b>Notice:</b> New and updated thresholds and data quality edits take effect ( <a href="#">read more »</a> )</li> </ul>
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May 31	<ul style="list-style-type: none"> <li>• Monthly submitters: April 2012 claims data due</li> </ul>

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

## 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 submitters' 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 upcoming re-registration deadlines. If you need help with the process or have any questions, please [contact us](#).

DATE	SUBMITTER STATE
January 31	Maine (extension from December 31, 2011)
March 15	New Hampshire
April 1	Minnesota

### Reminder | HIPAA 5010 Standards Now Effective

In January 2009, the U.S. Department of Health and Human Services began the process of implementing updated HIPAA reference standards — shifting from Version 4010 to Version 5010 and shifting from ICD-9 to ICD-10. While the latter implementation remains nearly two years away, the deadline to implement HIPAA 5010 arrived on January 1.

Onpoint has evaluated the impact of 5010 on our state clients' collection rules and has prepared updated mappings for affected data elements. This documentation now has been posted for Onpoint's submitters in Minnesota, New Hampshire, and Vermont. We presently are working with the Maine Health Data Organization on revisions to the rule for the state of Maine. Learn more at [Onpoint CDM](#) or use the following links to access the documentation directly for the [MHCCRS](#), [NH CHIS](#), and [VHCURES](#).

### Reminder | Updated DQ Edits & Thresholds Take Effect on February 1

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) edits 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. The first of these updates takes effect on February 1. The full list of elements affected by this first update has been updated recently to include:

- **Element numbers** — To facilitate both look-up and implementation, the descriptions of all updated and new edits have been supplemented with element numbers that tie them to the states' collection rules.
- **Reduced edits** — At the request of Onpoint's state clients, implementation of a handful of selected elements has been postponed. Only those that remain on schedule for the February 1 implementation appear in the updated tables.

Onpoint is committed to helping our clients get the data they need by helping payers meet their mandated data specifications. To ensure that submitters can implement February's edits in a timely manner, Onpoint offers the following reminders:

- **3-Month grace period** — While the edits become effective on February 1, Onpoint will continue working with payers to satisfy their states' quality and threshold updates. The February 1 implementation will be followed by a three-month grace period during which Onpoint will provide active feedback to payers on any failed edits.
- **Thresholds: load vs. quality** — Please note that Onpoint CDM's load thresholds function independently of data quality thresholds and may be set to a different percentage. While load thresholds test submitted data for completeness, quality thresholds test them for validity. Please remember that all data submitted for state collections — regardless of whether the field is optional — must meet the mandatory quality edits if supplied to Onpoint. If data is reported, it needs to be valid.

To read the updated documentation, click here. If you have any questions or require assistance, please contact your regular Onpoint representative.

## Notice | Onpoint's Preparations for ICD-10 Standards

The World Health Organization's International Statistical Classification of Diseases and Related Health Problems, 10th Revision — known also as ICD-10 — is scheduled for implementation on October 1, 2013.

While that's more than a year and a half away, Onpoint already has begun preparing for roll-out. Over the next 20 months, we will be working closely with our state clients to determine and deploy a joint strategy and timeline, making sure that submitters have the information they need to be ready when ICD-10 takes effect. To make sure these efforts are coordinated and cohesive, Onpoint will be forming an ICD-10 workgroup with stakeholders and state representatives.

If your organization has questions about how Onpoint plans to handle the shift to ICD-10, please send any readiness surveys to Janice Bourgault, Onpoint's Director of Health Data Services ([email](#) | 207-430-0647).

## Reminder | If You Capture It, Provide It . . . Accurately

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.

Note, too, that all submitted data — whether required or voluntary — must meet your state's established data quality thresholds. To protect the value of follow-on research and avoid failed submissions, please make sure that all submitted data is accurately coded and complete.

## NEWS & UPDATES — MAINE

### Reminder | Annual Re-Registration Deadline is January 31

As Maine's contracted data submissions vendor, Onpoint administers the annual re-registration of submitters to the Maine Health Care Claims Data Bank in partnership with the Maine Health Data Organization (MHDO). This year, the State has approved a one-month extension to the standard December 31 re-registration deadline. This extension ends on January 31.

To facilitate the re-registration process, Onpoint has developed an improved user interface that allows users to update their information more easily. Click [here](#) for a primer on using the new form or get started now by logging in to Onpoint CDM and selecting the [Update Registration](#) link from the left-side menu. (New users continue to register [here](#).)

Please note that the MHDO recently decided to expedite the registration process by shortening the online form, eliminating its request for details regarding payer-related TPAs and PBMs.

### Reminder | Updated DQ Edits & Thresholds Take Effect on February 1

Please remember that all data supplied by Maine's submitters must meet the State's mandated thresholds and data quality (DQ) edits, including those taking effect on February 1. Full documentation has been provided previously via email, [online at Onpoint CDM](#), and [earlier in this newsletter](#).

Onpoint will be working closely with Maine submitters to help them meet these data specifications as rapidly as possible. Please take the time to review the [full documentation](#) and contact your regular Onpoint representative if you have any questions or require assistance.

### Reminder | Submitting Accurate 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 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

### Reminder | Annual Re-Registration Deadline is April 1

As the contracted data submissions vendor for Minnesota, Onpoint administers the annual re-registration of submitters to the Minnesota Health Care Claims Reporting System (MHCCRS). The deadline for this important process arrives on April 1. To complete the online registration form, click [here](#).

### Reminder | Updated DQ Edits & Thresholds Take Effect on February 1

Please remember that all data supplied by Minnesota's submitters must meet the State's mandated thresholds and data quality (DQ) edits, including those taking effect on February 1. Full documentation has been provided previously via email, [online at Onpoint CDM](#), and [earlier in this newsletter](#). Onpoint will be working closely with Minnesota submitters to help them meet these data specifications as rapidly as possible. Please take the time to review the [full documentation](#) and contact your regular Onpoint representative if you have any questions or require assistance.

### Notice | Updated Mappings for HIPAA 5010 Included in Refreshed Carrier Manual

In January 2009, the U.S. Department of Health and Human Services began the process of implementing updated HIPAA reference standards — shifting from Version 4010 to Version 5010 and shifting from ICD-9 to ICD-10. While the latter implementation remains nearly two years away, the deadline to implement HIPAA 5010 arrived on January 1.

To help submitters understand the changes, Onpoint has updated the HIPAA mappings for elements collected by the MHCCRS. Click [here](#) to view the updated mappings, which are included in the new refresh of the [MHCCRS Carrier Communication Package](#).

### Interested in Provider Peer Grouping Monthly Updates?

Minnesota's Department of Health (MDH) continues to conduct 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 calendar announcements 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 <b>Type of Bill - Institutional</b>	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 <b>Site of Service - Professional</b>	NUMERIC (2)	This payer-supplied field, which is required for professional claims and is not to be used for institutional claims, records the site where the service was performed.

To ensure the utility of data in the 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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### Contact Us

Click [here](#) for general questions about how Onpoint CDM works with the Minnesota Health Care Claims Reporting System. Click [here](#) for specific questions or issues regarding encryption, uploading, or data file submission and status.

## NEWS & UPDATES — NEW HAMPSHIRE

### **Reminder | Annual Re-Registration Deadline is March 15**

As New Hampshire's contracted data submissions vendor, Onpoint administers the annual re-registration of submitters to the NH CHIS. The deadline for this important process arrives on March 15. To complete the online registration form, click [here](#).

### **Reminder | Updated DQ Edits & Thresholds Take Effect on February 1**

Please remember that all data supplied by New Hampshire's submitters must meet the State's mandated thresholds and data quality (DQ) edits, including those taking effect on February 1. Full documentation has been provided previously via email, [online at Onpoint CDM](#), and [earlier in this newsletter](#).

Onpoint will be working closely with New Hampshire submitters to help them meet these data specifications as rapidly as possible. Please take the time to review the [full documentation](#) and contact your regular Onpoint representative if you have any questions or require assistance.

### **Reminder | HIPAA 5010 Standards Now Effective**

On January 1, the U.S. Department of Health and Human Services made effective the updated 5010 HIPAA reference standards. Onpoint has evaluated the impact of 5010 on New Hampshire's collection rule and has prepared a backgrounder that offers updated mappings for the State's affected elements. [Click here to view the backgrounder](#).

### **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.

### **NH Annual Carrier Meeting Materials Available Online**

Last October, 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 ([email](#) | 207-430-0636).

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## Contact Us

Click [here](#) for general questions about how Onpoint works with the 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 — VERMONT

### Reminder | Updated DQ Edits & Thresholds Take Effect on February 1

Please remember that all data supplied by Vermont's submitters must meet the State's mandated thresholds and data quality (DQ) edits, including those taking effect on February 1. Full documentation has been provided previously via email, [Vermont's online portal at Onpoint CDM](#), and [earlier in this newsletter](#). Onpoint will be working closely with Vermont submitters to help them meet these data specifications as rapidly as possible. Please take the time to review the [full documentation](#) and contact your regular Onpoint representative if you have any questions or require assistance.

### Reminder | HIPAA 5010 Standards Now Effective

On January 1, the U.S. Department of Health and Human Services made effective the updated 5010 HIPAA reference standards. Onpoint has evaluated the impact of 5010 on the VHCURES collection rule and has prepared a backgrounder that offers updated mappings for the State's affected elements. [Click here to view the backgrounder.](#)

### VHCURES in Demand as Data Resource

*A note from Dian Kahn, Director of the VHCURES program:* With capture of eligibility and claims data for more than 85 percent of the commercial market in Vermont, applications and data use agreements are on the rise for authorized users and researchers both inside and outside state government. The department is licensing other Vermont State agencies to receive continuously updated data feeds to meet the research needs of state programs addressing public health, the financing and delivery system, and healthcare reform.

### Update | Medicaid Data Integration Nears Completion

The integration of Medicaid data into the VHCURES data warehouse is under way with a target date of April 2012 for availability of a historical Medicaid data set spanning 2007–2010; files for 2011 are expected to be available by summer. The Department of Vermont Health Access administers the State's Medicaid program and will provide authorization to users requesting access to Medicaid data. The Department of Banking, Insurance, Securities and Health Care Administration will process applications for both payer types and will continue to authorize access to the commercial insurance data in VHCURES.

### Medicare Data Integration Under Way for the Advanced Primary Care Demonstration

Onpoint has begun processing Medicare enrollment and claims data for the sole purpose of supporting the evaluative needs of the Vermont Blueprint for Health, the State's patient-centered medical home program. Through the Blueprint, Vermont is one of eight states awarded a grant by the CMS Center for Medicare and Medicaid Innovation to participate in the CMS's advanced primary care initiative.

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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. 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 ([email](#) | 802-828-2906).



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