



ONPOINTCDM
Claims Data Manager

Onpoint CDM Newsletter

Fall 2010

This document was prepared by Onpoint Health Data
October 2010

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WELCOME

Welcome to the Fall 2010 edition of the Onpoint CDM Newsletter. This edition features two primary content sections — Onpoint CDM spotlights (introducing both Onpoint's Director of [Data Quality & Applications](#) and our [updated Report Card](#)) as well as news for submitters (both [general](#) and [state specific](#)).

SELECT KEY DATES

DATE	TO DO
June 30	Deadline for correcting service provider and billing provider fields
October 31	September 2010 claims data due
November 30	October 2010 claims data due
December 31	November 2010 claims data due
December 31	Annual re-registration deadline for Maine submitters
December 31	Annual re-registration deadline for Vermont submitters. (Note that the annual online registration requirement for Vermont TPAs and PBMs also will be hosted by Onpoint. Click here for more details.)
January 31, 2011	December 2010 claims data due

Please remember to check each state's update section and carrier documents for full deadlines and dates.

STAFF SPOTLIGHT

Onpoint CDM is owned and operated by Onpoint Health Data, and our staff is here to help you every step of the way. From questions about online registration to data intake and validation, our team is expert not only in system process but in client service, making sure you have the tools and answers you need to get the job done. Take a moment to meet a member of the Onpoint CDM team:



**Janice Bourgault,
Director of Data Quality & Applications**

Onpoint Health Data was founded more than three decades ago for a highly specific purpose: providing reliable data to the healthcare community. This highly specific purpose requires highly skilled people — database programmers, intake specialists, and research analysts among them. One thing that our staff and our clients share: the need for dependable data. That's where Janice Bourgault, our Director of Data Quality and Applications, enters the picture.

From intake to output, Janice keeps an eye on Onpoint's data and system processes. If there's a flaw, she flags it; if there's a fix, she finds it. She spots system inefficiencies, improves our workflow, and checks our extracts, making sure that high-quality data is both coming in and going out.

Janice joined Onpoint in 2009 after working for a large health system in Maine where she oversaw EMR deployment, application support, and reporting.

As the former head of various billing departments, Janice has gained critical, ground-level experience

in working with and analyzing a wide variety of claims data, including mental health, SNF/ICF, and medical claims. It's a past that serves her — and our clients — well. She knows the data, how it works, and where it's weak, giving her a leg up when it comes to finding more efficient ways to get payers' data into Onpoint CDM.

Splitting her time between Onpoint's Manchester and Portland offices, Janice focuses primarily on process improvement, quality control, and report design and fulfillment. As part of her quality management role, she oversees all core data quality operations, ensuring timely and reliable claims data for both our external clients and our internal Analytic Services division.

Janice will become increasingly familiar to Onpoint CDM submitters in the coming months. She's in charge of researching several major shifts in national coding systems, including the upcoming transitions to HIPAA Version 5010 and ICD-10, as well as their impacts on state collection rules. She'll be working with Onpoint's data intake team and communicating with clients to ensure that reporters have the knowledge they need to submit accurate, dependable data.

DATA USE SPOTLIGHT

Onpoint Health Data Releases Our Updated & Enhanced Report Card

Since 1976, Onpoint Health Data has been committed to developing innovative and reliable health data solutions. Our latest rollout: the newly expanded and enhanced Onpoint Report Card.

This updated reporting tool provides an in-depth measurement of health status, effective and preventive care, utilization, and cost across diverse groups — from statewide populations to distinct geographic areas, provider groups, and employers.

Adapted with input from our clients, Onpoint's newest Report Card provides data measures critical to current healthcare initiatives, both regional and national. Key focal areas include:

- Demographics
- Payments by high-cost cases, age, gender, contract type, provider type, and major disease category
- Disease prevalence
- Utilization (both composite and by type of service)
- Preventive visits and access to care (both composite and component measures)
- Frequency of selected procedures, episodes of care, and effectiveness of care

Onpoint's Report Card also includes year-by-year trend information and adjusts rates for population differences in age, gender, and health risk status.

Featured utilization measures now include inpatient ambulatory care sensitive conditions, re-admissions, and avoidable outpatient emergency department use. Selected procedures include surgical procedures that have been shown to vary widely in use rates and are amenable to informed decision-making interventions.

The Report Card's HEDIS-based composite measure of effectiveness of care and preventive services has been used to identify the proportion of persons not receiving recommended care and to demonstrate a relationship between higher rates of effective and preventive care and lower rates of payment.

Onpoint's Report Card has been designed for a variety of uses and may be stratified by a range of population characteristics, including geographic analysis, employer-specific reporting, and primary care practice reporting. Elements of the Report Card's measurement set are being used to evaluate Patient-Centered Medical

Home (PCMH) projects and to provide information related to the development of payment reform models.

To learn more about the newest version of Onpoint's Report Card, please [contact us](#).



DISEASE PREVALENCE & PATIENTS

Heart Disease Category Prevalence

Measurement of heart disease prevalence is based on the prevalence of the disease in the region. The table below provides information on heart disease prevalence by region and state to assist in comparing and contrasting the prevalence of heart disease in the region and the prevalence in the United States. The table also provides information on the number of heart disease patients in the region and the prevalence in the United States. The table also provides information on the number of heart disease patients in the region and the prevalence in the United States.

Heart Disease Category	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Heart Disease Category	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Heart Disease Category	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Heart Disease Category	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Heart Disease Category	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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Heart Disease Category	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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Heart Disease Category	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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Heart Disease Category	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Heart Disease Category	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Heart Disease Category	1,000													

GENERAL UPDATES FOR ALL STATES

Annual Registration Deadlines are Approaching

As the claims-collection vendor for multiple states, Onpoint CDM is here to help payers submit data and stay abreast of important changes and dates, including the annual re-registration deadline. Two states — Maine and Vermont — share this year's December 31 registration deadline; the remainder take place next spring. Please remember that all currently registered payers **must** re-register each year. See the table below for a reminder of your state's specific registration deadline. If you need help with the process or have any questions, please [contact us](#).

ANNUAL REGISTRATION DEADLINE	STATE
December 31	Maine
December 31	Vermont
March 15, 2011	New Hampshire
April 1, 2011	Minnesota
July 1, 2011	Tennessee

Reminder: Time to Update Payer-Specific Thresholds

An important reminder: Load and data quality payer-specific thresholds expire at the end of the year (December 31, 2010). January 2011 data files will fail unless thresholds have been previously approved. Please [contact us](#) if you have any questions or need to request threshold extensions.

Onpoint CDM Primer: Distinguishing between Institutional, Institutional Inpatient, & Professional Claims

The following are the definitions used by Onpoint CDM to determine whether a medical claims (MC) record is an institutional, institutional inpatient (IP), or professional claim in the load and data quality edits:

- **INSTITUTIONAL** — Total number of MC records for all claim lines within the claim number (MC004) during the time period where at least one claim line contains a valid Type of Bill (MC036) or a valid Revenue Code (MC054). A record may be classified as either an INSTITUTIONAL record or as a PROFESSIONAL record but not as both.
- **INSTITUTIONAL IP** — Total number of MC records for all claim lines within the claim number (MC004) where at least one claim line contains a type of bill (MC036) like 11–12, 41–42, or a revenue code (MC054) between 110 and 219. All INSTITUTIONAL IP records also are classified as INSTITUTIONAL records.
- **PROFESSIONAL** — Total number of MC records for all claim lines within the claim number (MC004) during the time period where both Type of Bill (MC036) is null (or invalid) and Revenue

Code (MC054) is null (or invalid). A record may be classified as either an INSTITUTIONAL record or as a PROFESSIONAL record but not as both.

Onpoint CDM Auto-Encryption/-Upload Appliance Now in Pilot Testing

Onpoint has made significant strides in creating an auto-encryption/-upload appliance. Following initial development, Onpoint demonstrated the application to a small group of submitters who are assisting us with product testing. In the next weeks, members of that test group will put the appliance through its paces, providing feedback on functionality and additional development needs. Once this process is complete, Onpoint will make the appliance available to all submitters. Additional information can be found in the Technical Bulletin available [here](#).

Upcoming Shift to HIPAA Version 5010

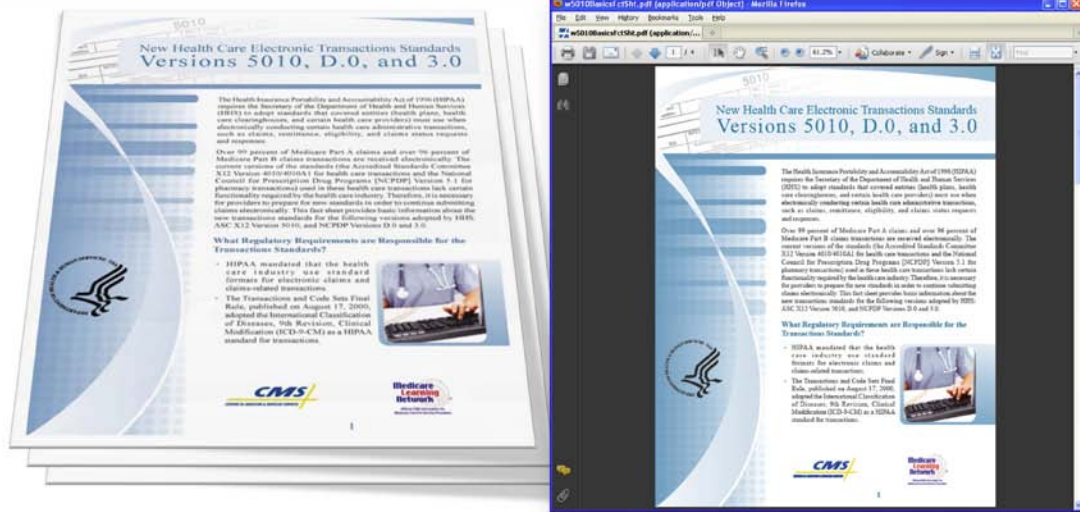
On January 16, 2009, the U.S. Department of Health and Human Services (HHS) published two final rules to adopt updated HIPAA standards — one shifting from Version 4010 to Version 5010, the other shifting from ICD-9 to ICD-10. While the latter's implementation date remains several years away, the shift to HIPAA 5010 is scheduled for January 1, 2012.

According to the Centers for Medicare & Medicaid Services (CMS), "Version 5010 accommodates the ICD-10 code sets and has an earlier compliance date than ICD-10 in order to ensure adequate testing time for the industry." Among the technical, structural, and data content changes stated by the CMS, Version 5010:

- Standardizes the business information related to the transaction
- Utilizes Technical Reports Type 3 (TR3) guidelines that represent data consistently and are less confusing
- Is more specific in defining which data needs to be collected and transmitted
- Accommodates the reporting of clinical data, such as ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes
- Distinguishes between principal diagnosis, admitting diagnosis, external cause of injury, and patient reason for visit codes
- Supports monitoring of certain illness mortality rates, outcomes for specific treatment options, some hospital length of stays, and clinical reasons for care
- Addresses currently unmet business needs, such as an indicator on institutional claims for conditions that were "present on admission"

Complying with HIPAA 5010

www.cms.gov/ICD10/Downloads/w5010BasicsFctSht.pdf



 ONPOINT Health Data | Information for Onpoint CDM Submitters

Onpoint CDM is here to help. We are currently reviewing the changes in the HIPAA transaction sets and the consequent impacts on each state's current collection rule. We'll be sharing details of our findings as we complete our analysis. For more information about Version 5010 and ICD-10, including downloadable fact sheets and 4010 vs. 5010 comparisons, visit the CMS [here](#) and [here](#).

Reminder: Service Provider & Billing Provider Fields Now are Required by All States

Onpoint Health Data 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 have been collecting 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 increasingly are being recognized as critical components to understanding how healthcare is being delivered across a state, which is why data users and state legislatures alike are placing renewed emphasis on their collection. Many states are using these critical data fields to help

assess the comparative quality, effectiveness, and efficiency of care delivery across regions, health systems, and individual provider organizations.

Beginning in February 2010, Maine and New Hampshire joined Onpoint's other state clients in mandating the collection of billing provider data. A guide to both the billing provider and service provider fields — required now by all of our state clients — follows. If you need help understanding your state's demands or how they fit with Onpoint CDM formats, please [let us know](#).

REQUIRED SERVICE PROVIDER FIELDS

- Professional Claims (must be populated with the physician performing the service, not the group information)
- Institutional Claims (must be populated with the facility performing the service)
 - 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 (**excluded in MN**)
 - MC033 - Service Provider City Name
 - MC034 - Service Provider State or Province
 - MC035 - Service Provider ZIP Code

REQUIRED BILLING PROVIDER FIELDS

- Professional and Institutional Claims (must be populated with the billing provider information)
 - MC076 - Billing Provider Number
 - MC077 - National Billing Provider ID
 - MC078 - Billing Provider Last Name or Organization Name

The above mapping, as well as information on other required fields, is available in each state's carrier materials and/or official rule. Quick links to these materials are available at Onpoint CDM's online [client pages](#).

Onpoint is Here to Help

We understand the difficulties faced by submitters working in multiple states with varying collection rules. While we remain committed to following each state's requirements regarding data elements collection and thresholds, we're equally committed to assisting submitters meet those requirements successfully. If you have questions or need help, please [contact us](#).

MAINE UPDATES — FALL 2010

Legislature Addresses Service Provider & Billing Provider Fields

Beginning February 1, 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 also serve as a valuable double-check on the accuracy of service provider data submissions.

Addressing this topic, the Maine Legislature recently adopted Chapter 613, LD 1544, "An Act To Amend the Laws Governing the Maine Health Data Processing Center and the Maine Health Data Organization." Any submitter who supplies unsatisfactory billing provider edits will not be failed, but instead will be advised how to correct their edits until their submissions are accurate. For more information, see this newsletter's [primer](#) on the required fields. 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 2010 Dates

DATE	TO DO
June 30	Deadline for correcting service provider and billing provider fields
October 31	Q3 (July - September) 2010 claims data due for quarterly submitters
October 31	September 2010 claims data due
November 30	October 2010 claims data due
December 31	Annual re-registration deadline for Maine submitters
December 31	November 2010 claims data due
January 31, 2011	December 2010 claims data due
January 31, 2011	Q4 (October - December) 2010 claims data due for quarterly submitters

Contact Us

Click [here](#) for general questions about how Onpoint works with the MHDPC. Click [here](#) for specific questions or issues regarding encryption, uploading, or data file submission and status.

MINNESOTA UPDATES — FALL 2010

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](#).

Stay Up to Date with the Carrier Communication Package

Remember that both the Minnesota Health Care Claims Reporting System (MHCCRS) [Carrier Communication Package](#) and a critical [log](#) of fixes and approved changes to be published in the next refresh are available at all times via Onpoint CDM's [Minnesota submitters pages](#).

Upcoming 2010 Dates

DATE	TO DO
Aug. 1 - Dec. 31	Enrollment data and paid claims data may be submitted on a monthly or quarterly basis. Reporters are encouraged to submit data on a monthly basis.
June 30	Deadline for correcting service provider and billing provider fields
December 31	April 2010 - September 2010 claims data is due for submitters approved for production data
January 31, 2011	Q4 (October - December) 2010 claims data due for quarterly submitters
April 1, 2011	Annual re-registration deadline for Minnesota submitters

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.

NEW HAMPSHIRE UPDATES — FALL 2010

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 February 1, 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 now that the state's deadline of June 30 has passed. For more information, see this newsletter's [primer](#) on the required fields.

Update on New Hampshire's Expanded Collection Efforts

On February 1, legislation enacted by Onpoint's three northern New England clients took effect. The new laws adopted in Maine, New Hampshire, and Vermont are designed to harmonize data collection formats, standardizing submissions for cross-border payers and making it easier for researchers to compare the states' data. The required formatting changes apply to (a) member enrollment information, (b) medical and pharmacy paid claims, and (c) dental claims (Maine and New Hampshire only).

To prepare submitters for these rule changes, Onpoint CDM hosted a test system from November 2009 until the legislation took effect in February. We're pleased to report strong progress to date: 29 new dental-only data submitters have registered with Onpoint CDM; even more impressive — all but two of them have submitted test files.

In addition to its dental data expansion, New Hampshire's rule now requires that data be collected on all NH residents, in addition to any policies written in NH, regardless of where the member resides. (The old rule required that data be submitted for only those individuals, regardless of place of residence, whose policies were written in the state.) This update has brought in eight new data submitters, all but one of whom have supplied test files. Our thanks to all submitters for their cooperation.

Upcoming 2010 Dates

DATE	TO DO
June 30	Deadline for correcting service provider and billing provider fields
October 31	Q3 (July – September) 2010 claims data due for quarterly submitters
October 31	September 2010 claims data due
November 30	October 2010 claims data due
December 31	November 2010 claims data due

DATE	TO DO
January 31, 2011	December 2010 claims data due
January 31, 2011	Q4 (October - December) 2010 claims data due for quarterly submitters
April 1, 2011	Annual re-registration deadline for New Hampshire submitters

Contact Us

Click [here](#) for general questions about how Onpoint works with NH CHIS. Click [here](#) for specific questions or issues regarding encryption, uploading, or data file submission and status.

TENNESSEE UPDATES — FALL 2010

Requesting a Registration Extension

Tennessee law requires most data submitters to register with Onpoint CDM for use of the state's All Payer Claims Database (APCD). (See [Tennessee's official rule](#) for full details.) While July 1, 2010 was the initial deadline for submission of data to the APCD, Tennessee's Division of Health Planning has authorized extensions of the deadline until November 30, 2010, for health insurance issuers that have experienced problems in compliance. Submitters who may require an additional extension beyond November 30, 2010, must provide additional information to the state as outlined in a recent memo from Tennessee State officials. That October 4 memorandum is available via Onpoint CDM's [Tennessee submitters page](#) (direct link is [here](#)).

Upcoming 2010 Dates

DATE	TO DO
October 31	September 2010 claims data due
November 1	July 2009 - September 2010 eligibility and paid claims due, pending approval of data set from February 2009 - June 2009
November 30	October 2010 claims data due
December 31	November 2010 claims data due
January 31, 2011	December 2010 claims data due
July 1, 2011	Annual re-registration deadline for Tennessee submitters

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.

VERMONT UPDATES — FALL 2010

Looking Ahead: TPAs & PBMs to Register Instead with Onpoint

A brief heads-up for Vermont's third-party administrators (TPAs) and pharmacy benefit managers (PBMs): The Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) recently contracted with Onpoint Health Data to expand the information collected on its behalf as part of the annual VHCURES registration process. For TPAs and PBMs, this means a simple shift will be taking place once programming is complete: Instead of updating their registration annually with BISHCA by December 31, the process will be done via Onpoint CDM. Affected parties will be notified once this change takes effect.

Spotlighting Two Claims Database Enhancements

Two major enhancements involving VHCURES claims data are under way. First is the development of a Master Provider Index (MPI) — a critical tool that consolidates a multitude of different provider numbers for the same individual or facility into a single provider ID across health plans and service settings. Second is the integration of Medicaid claims into VHCURES. Over the coming months, Vermont Health Access staff will work with Onpoint to map Medicaid elements into Vermont's APCD structure and set up an ongoing monthly claims feed. Vermont State is working toward future Medicare data integration if approved by the U.S. Centers for Medicare & Medicaid Services (CMS).

Use of VHCURES Claims Data Accelerating

On behalf of Vermont, BISHCA coordinates and oversees the distribution of claims data for use by both internal departments and external data users. For the past two years, BISHCA has been working with Onpoint's Analytic Services division on multiple reporting initiatives in support of statewide health reform efforts (including the Blueprint for Health program), informed policymaking, and other internal government compliance needs.

Interest also is growing rapidly among data users outside of the state. To meet the increasing demand for VHCURES data, Vermont convenes a Data Release Advisory Committee to review and approve any requests for limited-use research data sets. The committee's role is to ensure that security and privacy protections are maintained.

Onpoint hosts BISHCA's data warehouse and processes approved extracts at its request. To date, such requests have been filed by consultants, academic organizations, and others interested in utilizing claims data to support their analytic needs. Their efforts are focused on more fully understanding the:

- Capacity and distribution of resources
- Healthcare needs of the population
- Effectiveness of intervention programs

- Cost differences by treatment setting and approach
- Quality and affordability of services and insurance coverage

Many of these analyses are intended to inform health policy decisions and choices by purchasers. Recent reporting and analyses include:

- Standard report series on commercial population under 65 — comparative volume, cost, and quality data by Hospital Service Area and insurer
- Tri-state regional comparison of age-adjusted commercial utilization
- Blueprint for Health medical home evaluation
- Accountable Care Organization modeling
- Legislative studies on healthcare reform options for Vermont

Additionally, Vermont has been awarded a federal grant that includes funding to determine the applicability of claims data to the health insurance rate review process administered by BISHCA.

National Blue Card Program

Vermont, like many states, has a resident-based claims collection system. For residents insured by a Blue Cross plan located in another state, their home plan is able to take advantage of Vermont’s Blue Cross plan, leveraging their provider network and associated discounts. These claims are processed by the local (or “host”) plan and then sent to the out-of-state (or “home”) plan, which is responsible for submitting these claims to Vermont State as part of the claims collection law. One challenge facing Vermont: The home plan is not getting all of the data required to support state reporting requirements. Vermont representatives presently are working with several out-of-state Blues to fill in missing provider information.

Reminder: Submitters Must Use Correct Service Provider & Billing Provider Fields

Since 2008, Onpoint has been collecting Vermont’s claims data, including both service provider and billing provider fields. Coding in the billing provider fields allows us to double-check the accuracy of service provider entries — a critical step in verifying accurate data submissions. Please note that Vermont’s June 30 deadline for compliance now has passed; submitters are urged to use accurate coding to populate both the service provider and billing provider fields. For more information, see this newsletter’s [primer](#) on the required fields.

Upcoming 2010 Dates

DATE	TO DO
June 30	Deadline for correcting service provider and billing provider fields
October 31	Q3 (July – September) 2010 claims data due for quarterly submitters
October 31	September 2010 claims data due
November 30	October 2010 claims data due

DATE	TO DO
December 31	November 2010 claims data due
December 31	Annual re-registration deadline for Vermont submitters
December 31	Deadline for annual state-required registration of Vermont TPAs and PBMs (see update above)
January 31, 2011	December 2010 claims data due
January 31, 2011	Q4 (October - December) 2010 claims data due for quarterly submitters

Contact Us

Click [here](#) for general questions about how Onpoint works with 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).



Reliable data. Informed decisions. Strategic advantage.

16 Association Drive
PO Box 360
Manchester, ME 04351
207 623-2555
207 622-7086 FAX

www.OnpointHealthData.org