



National Claims Data Management System

# Winter 2005 Newsletter



Welcome to the winter 2005 edition of the New Hampshire Comprehensive Health Care Information System Newsletter. You will be notified through e-mail each time the newsletter is posted to [www.nhchis.org](http://www.nhchis.org). In this edition we have primarily focused the articles on field and file format clarifications and payer status.

## NH CHIS CURRENT SYSTEM STATUS

### Current Center Status:

The system has been operating since August 22, 2005. We now have over 80 different carriers registered in the NH system with about 33 that are required to submit data.

Currently there have been 33 carriers that have submitted at least one test file to us.

Since accepting files we have had 359 files submitted or resubmitted to us for data covering the time period of Jan. 2005 through Oct. 2005. Remember the Nov. 2005 paid data is due to us on Dec 31<sup>st</sup>, 2005.

We have received all required HEDIS and CAHPS production data files and our research department is preparing summary results for the State of NH.

### What's on Tap:

We will be making minor enhancements to the system on an ongoing basis. When you log into the system to upload a file please remember to take a look at the banner message. If we are performing system maintenance we will update the message to reflect any issues with system operation that you might encounter.

We are also beginning to review the data that has been submitted in a new way. No, this is not going to affect how we accept or reject the data that you submit. The next phase of the project is to take all of the data that you have submitted and create a consolidated data warehouse/cluster. This basically means that for members we want to un-duplicate them across carriers and for claims we want to roll up reversals and adjustments so that each detail claim line occurs only once. To do

this we are going to have to review each carriers' data and determine how adjustments are being reported, etc. This may also mean that we may need to contact you to gather information on how your particular data is being reported and what needs to be done to create a single claim line record.

## NH CHIS CURRENT DATA STATUS

### Current Data Status:

Data is flowing very slowly from the carriers. Several carriers requested and received extensions through the fall that gave them additional time to complete their programming and testing. All extensions have expired and, without exception, every carrier should have live data submitted for January 2005 through October 2005. To date we have received and accepted live data from 11 of the 33 eligibility data providers, 8 of the 25 pharmacy data providers and only 1 of the 31 medical carriers. To see the status of each carrier, visit [www.nhchis.org/MiscFiles/CarrierStatusDec2005.xls](http://www.nhchis.org/MiscFiles/CarrierStatusDec2005.xls). We will be contacting each of the carriers with overdue data before the end of 2005 to establish their time line to correct these deficiencies by January 2006 at the latest.

Remember, at this point any files due from a payer for the time period of Jan. 2005 to Oct. 2005 that do not have a status of DQ/PASS are considered OVERDUE. We understand that many of the carriers are actively working on correcting data issues and are submitting replacement files as they become available. We need to know what those plans are and when the data will be reported. Time is running out before official action must be taken.

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Our Data Managers are working hard to address questions, to review any files that have made it to the DQ stage in the system and to provide you with information on any issues that they find. **Remember, it is your responsibility to check on the status of a file that failed in either the Prelim or Load stages of the system.** The system automatically emails all contacts as soon as a submission fails the Prelim or Load stage. If you have questions regarding the reason that a file failed in the Prelim or Load stage please contact us at [nhinfo@ncdms.org](mailto:nhinfo@ncdms.org), otherwise please address the identified issues and resubmit the file.

If you have any concerns about the information being reported about you as a payer please contact us and we will work with you to correct any errors.

## GENERAL DATA RULE NOTES

### Provider Specialty (MC032)

Provider Specialty (MC032) should be filled in on 100% of the submitted claims records. We understand that there are many different claims processing platforms that are being used to process Medical Claims and that some systems may not rely on a provider specialty to determine any level of reimbursement. However, from a research perspective it is critical that some level of provider specialty specificity be coded so claims can be grouped into an appropriate provider cohort research grouping. It is imperative that we have a strong specialty breakout for all professional service claims.

If the claim/service is performed/billed by a hospital and you do not assign specialties to Facilities then a default code of "HSP" could be used. Similarly, if the claim is for a clinic then a default value could be "CLN". However, if it is impossible to determine the type of facility that is billing the service then a default code of "FAC" could be used. Regardless, it is a system requirement that this field be populated on every record in the file, including records where the reimbursement was made directly to the member. If a service payment is reimbursed to a member then the specialty code could be defaulted to "MEMRB". If you use any generic default specialty values as described above you **MUST** list these values in your specialty definition file that is required under the rule.

### Payer Field Exemptions

Many of the files currently being submitted are failing in the load process due to the fact that the compliance load thresholds are not being met on every field. If you have files that are in a Load Failure status due to

failure to meet compliance thresholds you may request a payer field exemption. To do this you must supply in an Email or, preferably, a spreadsheet all of the fields for which an exemption is being requested the following:

- % of records for which the field will be populated
- Reason for reduction in threshold – including statements regarding the fields availability in other systems within the company, the ability to derive this data element from other data elements and future plans for capturing this data element

This information should be sent to [nhinfo@ncdms.org](mailto:nhinfo@ncdms.org). The staff will review the request and grant the exemptions. On occasion we may need to get approval from the State of New Hampshire DHHS for particular fields.

Please note that all payer level field exemptions are granted on an annual paid data year basis. This allows all parties an opportunity to re-evaluate possible system changes to determine if the exemptions are still necessary. Therefore, ***payers with approved exemptions for 2005 must submit the full data set in 2006 or reapply for an approved exemption to prevent the 2006 data from failing.***

### File Format Definition – Defined Field Widths

In general the file layout defined in the NH rule should be followed regarding the width of field values. The rule was written with historical knowledge of industry standard field widths for many of the columns, but there are a number of columns that have dramatic width variability. Therefore, the design of the file as a variable field width delimited format offers the flexibility to increase the defined width of a given field. For example, we have assigned many carriers a payer code value that is seven or eight characters long to allow us to track company relationships. The strict definition of this field (field number 001 in the detail records) calls for 6 characters. However, we have increased the acceptable length of the field in our database tables to a maximum of 10 characters. Since the system reads and loads the file as a delimited text file, the fact that 7 or 8 characters are being placed in this field is irrelevant.

We are currently working on preparing a viewable database with table definitions on the Web site so that you will be able to check what the true maximum allowable values are for any given data element. We will email you when this is available. If you review the definitions and determine that you have a field that can potentially contain a value larger than specified, please

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email us. We will determine if that data element's width can be increased under the definition of the rule and contact you.

## **GENERAL DATA RULE NOTES-Continued**

### **File Format – Encryption Issue**

Several carriers have experienced difficulties while encrypting a file because the software stopped running after reading just the first line of the file and did not produce an error message. In all cases this has occurred because there were too few fields in the detail records. The encryption software should detect this problem and report it back to you. We are currently researching this bug and will implement a fix as soon as possible. In the interim, if you try to encrypt a file and the software appears to hang on the first record, check that the proper number of fields are in each detail record, make the necessary corrections and try encrypting the file again.

Remember, there are two additional fields in the medical file and one additional field in the Pharmacy file from what is currently in the ME file definition. If you are having a problem getting a file to encrypt and have verified the number of fields is correct please contact us at [nhinfo@ncdms.org](mailto:nhinfo@ncdms.org).

## **WEB BASED REPORTS FOR CARRIERS**

Since the fall newsletter, there have been several changes made to the reports carriers can access from the web. Using [www.nhchis.org](http://www.nhchis.org), carriers can click on Reports to move to the systems reports page. Through pull down menus, a user can select a company they are authorized to see, a data year and a file type (eligibility, medical or pharmacy) followed by Get Report. This brings up a grid showing the status of each month's data. The table includes the data year and month, the total records submitted in the most recent submission, the status of the data (NODATA or FAIL require additional action by the carrier; PASS indicates the data has been accepted), the last file status and the file reports. The file reports are in descending order by file submission number. The most recent submission is bolded and listed first. By clicking on any file submission number the carrier is taken to the NCDMS Data File Report for that submission.

The Data File Report Page displays the following basic information about the submission:

- Type of data submitted
- Company name
- Name of the individual who submitted the data

- Date and time the submission was received
- Data period
- Total number of records submitted
- Stage and status of the submission

Depending upon the status of the submission, the report page offers three different reports for viewing. For submissions that fail before loading (PRELIM or LOAD), there is a matrix indicating the errors found. The matrix notes the stage of the submission, the line number where the error was first detected and a description. Files with data in this matrix will not have any additional reports available.

A Frequency Report is generated for submissions that pass through PRELIM and LOAD successfully. This report appears in the body of the page. The columns contain the file submission number, the data month and year, the data element number, the name of the data element, the total number of records with a valid code, the total number of records with an invalid code, and the total number of records with a null value. (Note: if a submission spans multiple months, there will be one row of data for each data element/month combination.) The column labeled THRESH indicates the % of records that must have a valid code as defined for the entire system. If a payer has sought an exemption for a given data element, the next column, PAYER-THRESH, will indicate the % of records this payer's data is being evaluated against. This is followed by a column with the actual percent of records having a valid code (PRC). The rightmost column shows the evaluation of the value in PRC against the value in PAYER-THRESH or THRESH. The calculation of PRC is not always based upon the total number of records submitted. In the example of Discharge Date, only inpatient hospital records must contain a Discharge Date. Inpatient hospital records form the denominator for the calculation of percent completeness of Discharge Date. A value of PASS is given if the PRC is greater than or equal to the benchmark percentage. If a payer has one or more values of FAIL in the rightmost column, the submission fails.

A Data Quality Report is available for submissions that pass PRELIM and LOAD. The link to this report is above the Frequency Report on the left side of the page. There are four columns in the Data Quality Report – the number for the data quality check, a description of the data quality check, the results of the data quality check and an evaluation of the results against a system wide benchmark. The results column will be blank or marked F for Fail. This report is manually reviewed by the staff and an email is sent to the carrier contacts regarding any failures. While the other reports are pass/fail in nature, this is more subjective.

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### **WEB BASED REPORTS FOR CARRIERS- Continued**

It attempts to evaluate the data by comparing across data elements. For example, the valid gender codes are 1 and 2 in the eligibility file. Therefore, an eligibility submission with 100% of the records coded as 1 for Male would pass PRELIM, LOAD and the Frequency Report. However, the Data Quality Report (DQ ID #23) looks for no less than 20% and no more than 80% of a submission to be coded Male. The carrier will be asked to confirm why this is valid or correct the data and re-submit. Submissions failing the Data Quality Report can generate considerable email and conference calls while the problems are identified and resolved. Situations that will be present in all submissions are coded electronically in the carrier notes maintained by the staff and they will not be raised as problems again. However, the F will remain on future reports.

### **NCDMS WEB SERVER DIFFICULTIES**

During the last quarter of this year, we have added a second Internet connection and have been working to integrate two Internet connections through different providers into our external access scheme. Our goal is to balance connections between two Internet connections. This will allow us to have routing in place so that in the event of an outage on one of our Internet connections, all traffic would be re-directed through the surviving Internet connection. At this time, we are working on balancing the connections between the two Internet connections and that has caused difficulties for some carriers more than others. Due to the unforeseen problems the balancing has caused, we have configured a default route that forces all carriers through one of our ISPs as an interim solution. We are working on the problems balancing the connections caused for some of you and will resolve these before we try to install our preferred solution.

We appreciate your patience as we work through this. We know this is frustrating for you as well as for us. If at any time you are unable to access the web site or unable to upload your file, please email us at [WebAdmin@ncdms.org](mailto:WebAdmin@ncdms.org) and we will look into this as soon as we can.

### **KEY E-MAIL ADDRESSES**

- [nhinfo@ncdms.org](mailto:nhinfo@ncdms.org) for general questions
- [WebAdmin@ncdms.org](mailto:WebAdmin@ncdms.org) for questions or issues regarding the web site, including the data upload process and encryption software.
- [nhdata@ncdms.org](mailto:nhdata@ncdms.org) for questions or issues regarding a Data Submission or data file status. This includes questions about sending data via the web.

Thank you for your time and support for this project and we look forward to working with you in the coming months.

Adam J. Thebeau  
Director of Health Information Systems  
Maine Health Information Center

### **KEY DATES:**

**NOW** – All submissions for 1/1/2005 – 10/31/2005

**12/31/2005** – November Paid Claims and Eligibility Due

**1/31/2006** – December Paid Claims and Eligibility Due

**Note:** You must re-apply for field level exemptions for 2006 data.