MHDO Maine Health Data Organization

Information | Insight | Improvement

Claims Data Submitter Group

Webinar – 10/20/2015

Participant Reminders:

- Please mute your line.
- Please submit your questions via webinar Chat feature.
- We will address as many questions as possible at the end of today's webinar. For those questions we are unable to get to answers will be distributed to the group

Agenda

Welcome (5 minutes)
- Opening Comments/Review Agenda
- Meeting Goals

Chapter 243 Changes (10 minutes)
- Overview

Validation Changes (10 minutes)
- Overview

Implementation Timeline (5 minutes)
- Overview
- Payer Q & A

Reminders, Tips and Helpful Hints (10 minutes)

Annual Registration Updates and Validation Override Resets (10 minutes)
- Updates to Form
- Validation Profile Resets

Q&A (10 minutes)

Meeting Goals

1. Review Chapter 243 Changes and Portal Implementation Timeline
2. Review Validation Changes and Portal Implementation Timeline
3. Review Upcoming Registration and Profile Updates
4. Review Other Updates and Reminders

Chapter 243 Changes Effective 1/1/2016

- Sec 2(A)(10) File Format. Requirement to enclose all non-numeric values in double quotes is removed.
- Sec 2(A)(12) Non-Duplicated Claims. A carrier or health care claims processor and any contracted entity acting on its behalf shall use best efforts to ensure that duplicate claims are not submitted to the MHDO or its designee.
- Sec 2(A)(14)(d) Consistent, Inter-file Identifiers. A carrier or health care claims processor and any contracted entity acting on its behalf shall ensure that member and subscriber identifiers for the same individuals are unique and consistent across medical claims, pharmacy claims and member eligibility files.
- Sec 2(B)(1) Filled Fields. Removes requirement to set unavailable text, date and integer fields to null.

Chapter 243 Changes Effective 1/1/2016

- “Rendering Provider” replaces “Service Provider” for consistency with national standards, including UB-04 (NUBC), CMS-1500 (NUCC) and 837 electronic transactions (ASC X12N).
- New fields have been added to collect information about Service Facility, Attending Provider, Operating Provider, Referring Provider, and Billing Provider when available.
- Definitions, descriptions and references have been updated

Validation Changes

Changes were made in all files types: Member Eligibility, Medical, Pharmacy, and Dental Claims

Summary of Changes

- Validations have been dropped for retired elements
- Validations have been added for new elements
- Validation language has been modified based on Chapter 243 changes
- A select number of rules have had the logic, threshold or issue type adjusted based on data quality concerns
- Two new validations that evaluate volume and bill type population (current vs. historical) have been added

New Historical Data Validations

Two new validations that evaluate current submissions against historical data will go into effect starting with the submission of January data, submitted in February:

- Historical Volume Validation
- Historical Bill Type Validation

Historical Volume Validation

- A new structural rule will be added to check that new submissions contain the expected volume of records based on a historical average
- Users can request an override by providing an explanation for the variance and obtaining MHDO approval

Rule Name	Validity Criteria	Issue Type
Historical Volume	The total number of records submitted is expected to fall within +/- 15% of the rolling historical average number of records submitted over the prior 12 months. This validation is only performed when historical volume is consistently greater than 100 records.	Structural

Historical Bill Type Validation

- A new MC rule will be added to check that Type of Bill – Institutional (MC036) is populated consistently over time based on a historical average
- Users can request an override by providing an explanation for the variance and obtaining MHDO approval

Element	Rule Name	Validity Criteria	Threshold	Issue Type
MC036	Historical Type of Bill - Institutional	The rate of population of this field is expected to fall within +/- 15% of the rolling historical average rate of population over the prior 12 months. This validation is only performed when historical volume is consistently greater than 100 records.	85%	Exemption

New Historical Validations & Testing

Historical validations will NOT be part of the testing period because:

1. The payer test portal database does not contain historical data
2. Some payers do not test with complete or production ready files.

Implementation Timeline

Task	Start Date	End Date
Adoption of Rule Chapter 243	6/4/2015	10/6/2015
Notify Payers of Proposed Validation Changes	9/29/2015	9/29/2015
Hold Webinar to Review Chapter 243 and Validation Rule Changes	10/20/2015	10/20/2015
Test Portal Open for Payer Testing of New Chapter 243 Format and Validation Changes – Sample File Layout Available in Portal	10/28/2015	11/30/2015
Production Portal Open - New Chapter 243 Format and Validations	2/3/2016	2/3/2016
Submissions of New Chapter 243 Format Files (January 2016 data)	2/3/2016	2/29/2016

Testing the Changes: 10/28/15-11/30/15

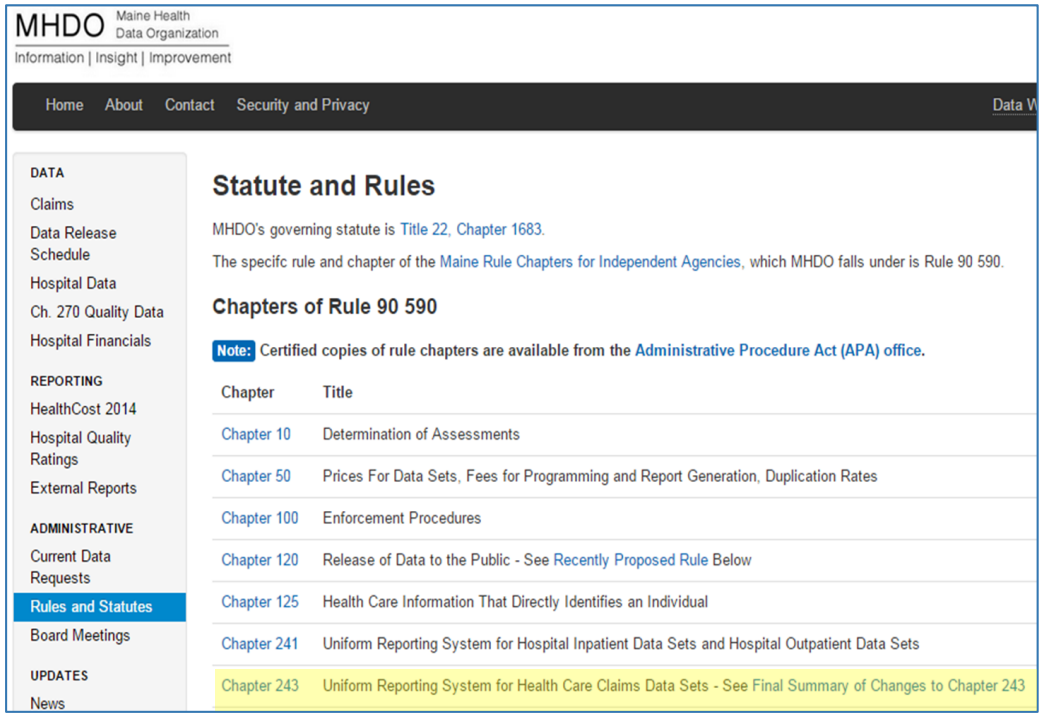
We encourage all payers to participate in testing from 10/28/15 through 11/30/15

Submit any period of data in the new format

Claims data submitted to the test environment will NOT be moved to the production data warehouse

Chapter 243 Portal Implementation: Reminders

- Any historical data submissions made after January 1, 2016 must be submitted in the new format.
- Rule Chapter 243 can be found on the MHDO website https://mhdo.maine.gov/rules.htm



Payer Q&A

Question: Even though the “requirement” to enclose all non-numeric values in double quotes has been removed is it still acceptable to use them?

Answer: Removal of the requirement makes the use of quotes optional.

Question: When should we start to leave blanks rather than use “Null”?

Answer: 2/1/2016 (Jan data, submitted in Feb), but it should not cause file submissions to fail if completed prior to that date.

Payer Q&A

Question: Can you clarify what it means to use blanks?

Answer: Leaving blank means that there is nothing between the asterisks or field delimiters (no “NULL”, “BLANK”, space, invisible character or anything). For example, *01**18* would be the correct way to include a blank.

Question: When should we start to leave the new Placeholder fields blank in the Dental Claims layout (i.e. DC027 to DC029)?

Answer: 2/1/2016 (Jan data, submitted in Feb).

Payer Q&A

Question: When should we start providing the new data elements (i.e. DC045 to DC058)?

Answer: Changes to the layout of a file (for example, addition or removal of data elements) are major changes that should not be implemented prior to the effective date of 2/1/2016 (Jan data, submitted in Feb).

Payer Q&A

Question: Are there different production cutover dates for different changes or just one production cutover date (i.e. 2/1/2016 listed in the Effective Date column of the submission guide) for the new record layout?

Answer: In general, the payer will have the best chance of avoiding file submission failures if changes to its system(s) coincide with the MHDO's production cutover date. Changes in file format and validation rules will inevitably cause file failures if payer implementation is not in sync with the specific production cutover date. That stated, the Date Effective indicates when the MHDO first required specific elements or placeholders. The effective date does not change if element attributes or specifications change, but the element remains essentially the same.

Payer Q&A

Question: The Reason for Visit may exist on the 837, however, it is not down streamed to our source systems. Does MHDO want the fields duplicated? If not, should we populate the Other Diagnosis fields and leave the Reason for Visit fields blank?

Answer: If a payer does not capture and is not able to report data as defined and mapped, then the conditions or limitations on the data should be documented as completely and clearly as possible in the justification required for a profile override or an exemption request. The MHDO does not want the fields duplicated. Please populate the Other Diagnosis fields and leave Reason for Visit fields blank, since the logic to once again split out the ICD-10 CM codes into separate fields may introduce systematic error and may not correctly or reliably reproduce the information as originally found on the incoming claim.

Payer Q&A

Question: Is the External Cause of Injury a replacement for E-Code? If so, we will have very low population for MC206 and the remaining External Cause of Injury codes will be blank.

Answer: External Cause of Injury is the ICD-10 equivalent of E-Code in ICD-9. If a payer does not capture and is not able to report data as defined and mapped, then the conditions or limitations on the data should be documented as completely and clearly as possible in the justification required for a profile override or an exemption request.

Payer Q&A

Question: If the current MC058 Procedure Code is moved to MC302, should MC058 be moved to MC303?

Answer: Codes should not be transcribed or replicated. Older fields (MC039-MC053 and MC058) are exclusively for ICD-9 codes and recently added fields (MC200-MC326) are reserved for ICD-10 codes. The ICD-9 Procedure Code remains in MC058; the ICD-10 Principal Procedure Code must appear in MC302. During the transitional period, there may be a mixture of ICD-9 and ICD-10 codes in the same file, but never on the same claim.

Payer Q&A

Question: Should the Procedure Modifiers be populated in location MC056 – MC057b?

Answer: If present, these are modifiers for the procedure code in MC055, not the ICD-9 Procedure Code in MC058.

Reminders, Tips and Helpful Hints

ICD-9 vs. ICD-10 Validations

- The new ICD-10 validations will be in effect with the update to the production Portal beginning November 4, 2015. Submissions made November 1-3 will be held (not validated) until new rules are in place.
- MC059 (Date of Service – From) will be used to determine which set of validation rules apply. Records with Date of Service on or after October 1, 2015 will be validated against the ICD-10 field validations.

Reminders, Tips and Helpful Hints

Population of 001 and 002 Fields

- Each file has Submitter and Payer identification fields that must be filled with the appropriate MHDO Assigned Code.
- The ME001, MC001, DC001, and PC001 are the Submitter identification fields for each file. These fields need to be populated 100% of the time with the MHDO Assigned Code of the company that is submitting the data.
- The ME002, MC002, DC002, and PC002 are the Payer identification fields for each file. These fields need to be populated 100% of the time with the MHDO Assigned Code of the company that owns the book of business being submitted. The validation rules for these fields are being changed from Profile-level to Exemption-level.

Portal Resources

FAQs and User Manual

HSRI maintains both FAQs and a User Manual with the latest information and questions. Each can be accessed in the Portal.

FAQs https://mhdo.maine.gov/portal/Home/FAQ

User Manual https://mhdo.maine.gov/portal/Home/UserManual

Sample Files

Sample files of the current file layout are available in the portal: https://mhdo.maine.gov/portal/Home/SampleFiles

Portal Resources

Help Desk

The Help Desk is available to answer technical questions related to portal submissions.

Online: https://mhdo.maine.gov/portal/Home/Contact

Email: mhdohelp@norc.org

Phone: (866) 315-7125

Compliance Issues

For compliance related issues contact:

Philippe Bonneau, Compliance Officer, Maine Health Data Organization

Email: philippe.bonneau@maine.gov

Phone: (207) 287-6743

Annual Registration Updates

Updates to Registration Information

- All portal registration information needs to be reviewed and updated annually.
- During the month of February 2016 you will complete your updates in the Portal.
- MHDO is considering requesting limited, additional information (e.g. payer parent company). We will communicate any additional information in advance.

Annual Validation Profile Updates

Profile and Exemption Resets

- All existing profile and exemption-level overrides will expire as of February 1, 2016. Submissions that occur after this reset (January 2016 data) will be evaluated against all validation rules.
- New profile and exemption-level overrides will have to be requested as needed.

Questions?

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