

MHDO HOSPITAL DATA PORTAL FREQUENTLY ASKED QUESTIONS

Revision History

Date	Version	Description
8/1/2016	1	Initial Draft
8/9/2016	2	Added questions and answers from 8/4/16 training webinar as well as common questions since go live.
8/12/2016	3	Added common questions since go live.
8/23/2016	4	Added guidance about self-pay encounters
9/23/2016	5	Updated Exemption response policy
10/25/2016	6	Updated instruction for the submission of Payer and LOS Crosswalks
12/13/2016	7	Deleted questions that were no longer relevant
7/20/2017	8	Updated crosswalk SLA to match User Manual

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OVERVIEW

This is a list of frequently asked questions from hospital-submitters and the MHDO responses. It will be updated on an ongoing basis, as needed

FILE NAMING

Question: Do my files have to be named a certain way for data submission?

Answer: Yes, there is a standard naming convention outlined in the File Naming section of the Guides menu within the portal. Following it helps the system identify what is being submitted and by whom. If a file does not follow this naming convention it will cause a structural validation issue.

Question: What is the difference between Data Stream and File Type, on the File Naming Convention?

Answer: In most cases these will be the same, but there are some facilities that need to number their data streams differently. In general, a hospital's inpatient data submission will be set up as stream 01. If the hospital also submits outpatient data, this would be set up as stream 02. It may also be the case that a hospital has other separate data streams such as outpatient recurring and these may be defined as needed with incremental stream numbers.

Question: How will we specify files so you know if they are facilities or provider based clinics?

Answer: Chapter 241, Section 2, Subpart A3, describes Outpatient Data Filing. The unique MHDO-assigned facility identification code will help us identify facilities or provider based clinics. In addition, the file names will help us identify facilities and provider based clinics. If you have a new provider based clinic, please contact MHDO for a new identification code. It is possible for facilities to include provider based clinic within their files. Location of Service (LOS) information OP4005 should be used on all records in all files, regardless of what option is used.

FILE LAYOUT AND STRUCTURAL ISSUES

Question: We are getting Unknown Record Type structural error on line 1 where the system reports "Record Type = PK | Expected Record Type = IP, 01". When we look at the base data file the Rec Type 01 record is correct and the first two characters in the file are "01". Why are we getting this error?

Answer: Several users have encountered this Record Type 01 error where their data file itself is correct. What seems to have happened in most cases is that the file submitted to the portal either has two layers of compression (a file that is zipped twice) or the file that was zipped was in a proprietary format that is not readable as plain text. The Help Desk can often help identify the exact issue with the aid of screenshots of the steps in the file preparation process that you are taking. In the case of double zipped files, simply extract your file until you get a plain text file with no

compression, then start the file prep process as described in the User Manual. Some vendors may send facilities a zipped file as a data file to submit, so extracting that file before preparing the file for submission might need to be a normal part of your specific facility's process.

Question: My inpatient file submission has a structural failure due to the presence of Record Type 61 – Outpatient Procedures. How should I report a stay (e.g. swing bed), where there are no Accommodations code(s) to charge?

Answer: When the facility is a critical access hospital (CAH) and IP4004_Type of Bill equals “11X” (Hospital Inpatient) and IP3006_Payer Name = “Medicare” or IP4004_Type of Bill equals “18X” (Swing Bed) and IP3006_Payer Name is not “Medicare” you must enter the ancillary services data in record type Record Type 60 – IP Ancillary Services.

GENERAL

Question: What is the expected response time from the Help Desk?

Answer: Typically, we try to respond to issues within a few business hours. More complex issues may take a full business day to investigate and respond but we will acknowledge the receipt of your issue same day and let you know it is being investigated.

Question: What is the typical turnaround time for exemption requests?”

Answer: Typically, we will respond to Exemption requests within 5 business days. More complex issues may take additional time to investigate and respond to. You may contact the help desk if you have not received a response within 5 business days.

Question: We used to be able to edit data in the system by selecting providers from drop downs etc. Can we still do that?

Answer: The new system does not allow you to edit data directly in the portal. You must either fix the data in your database and resubmit or request an override for particular validation issues.

LOCATION OF SERVICE

Question: What is Location of Service?

Answer: These are internal departmental/unit codes for which the facilities provide crosswalks. The homegrown codes that hospitals are using in the Location of Services field are NOT the same codes as the MHDO-assigned provider codes.

Question: How do I provide my Location of Service (OP4005) codes?

Answer: Each hospital using the Location of Service field (OP4005) MUST provide a crosswalk of its codes to the MHDO. Crosswalks must be submitted for use with validation of the values in field OP4005. The format can be either comma separated values (.CSV) or MS Excel spreadsheet (.xls or

.xlsx). When using Excel, only one sheet per workbook will be allowed. Please name the file indicating LOS along with your facility's MHDO assigned ID and the date when you created the file to ensure accurate association for your files.

Crosswalk files can be uploaded through the Hospital Data Portal by navigating to the "Crosswalks" page under the Submission menu.

Question: How often should I update my Location of Service Crosswalk?

Answer: Updates, including any new or altered entries, are expected to be provided on a bi-annual basis and before the submission of Q1 and Q3 data files that contain those values. Each payer file submitted will replace the previous file, so please ensure all potential values are included in each file. The files from facilities will be used to determine passed status for OP4005 within Record Type 40's validation rules in the Maine Hospital Data Portal. The submitted file will be applied to only that facility's data and the values will be supplied to data users with MHDO's Hospital Encounter data release files.

Question: How do I know my Location of Service crosswalk has been loaded?

Answer: If the file is rejected the user will receive a notification from the Help Desk with information about how to resolve the issues. If the file is accepted, it will be processed and loaded into the system within 5 business days of receipt. The user will receive a notification from the Help Desk once it has been loaded and the file will be updated to "Committed" status by MHDO or HSRI staff.

Question: How is a Location of Service code different from an MHDO-assigned ID?

Answer: Location of Service codes are used to identify different locations that are all submitted within a single file, thus they are locations associated with an MHDO-assigned ID that do not submit separate files. These Location of Service codes are created by facilities and provided to MHDO for validation.

Question: How do we know what level of location granularity to define?

Answer: Chapter 241 Sec 2(A)(3), only requires filing for each department of the hospital not located in the municipality of the primary hospital. A hospital may report greater granularity if desired based on their internal location tracking as long as they provide the crosswalk to MHDO.

MHDO-ASSIGNED IDS AND DATA STREAMS

Question: Where do I find the MHDO-assigned facility identification number for my facility?

Answer: MHDO-assigned facility identification numbers are available in the Portal within the Hospital>Summary menu. If you need a new facility identification number or have questions about how to submit data for various facilities, please contact Kimberly Wing Kimberly.Wing@maine.gov.

Question: How do I add new MHDO-Assigned ID or data stream?

Answer: New MHDO-Assigned Facility IDs and data streams will be added for you after approval is obtained from MHDO. Please contact if Kimberly Wing Kimberly.Wing@maine.gov if you have a request.

FIELD VALUES AND FORMATTING

Question: What is the structure of fields within a data file?

Answer: File layout is fixed width and all loops must conform in length to the specifications in the corresponding Chapter 241 appendices. To accomplish this, spaces are inserted for text data values and zeros for number data values. It is important to note that only spaces are valid for text fill. Fields that are text fill include commonly confused fields such as dates and revenue code fields.

The fields that are strictly number format:

IP5005	Accommodations Service Units #1
IP5006	Accommodations Total Charges #1
IP5008	Accommodations Service Units #2
IP5009	Accommodations Total Charges #2
IP5011	Accommodations Service Units #3
IP5012	Accommodations Total Charges #3
IP5014	Accommodations Service Units #4
IP5015	Accommodations Total Charges #4
IP6005	Inpatient Ancillary Total Charges #1
IP6007	Inpatient Ancillary Total Charges #2
IP6009	Inpatient Ancillary Total Charge #3
IP9004	Total Accommodation Charges - Revenue Centers
IP9005	Total Ancillary Charges - Revenue Centers
OP6108	Service Units - 1
OP6109	Outpatient Total Charges - 1
OP6115	Service Units - 2
OP6116	Outpatient Total Charges - 2
OP6122	Service Units - 3
OP6123	Outpatient Total Charges - 3
OP9004	Total Ancillary Charges - Revenue Centers

Question: What is the value type of Discharge Status?

Answer: Discharge Status (IP2014 and OP2014) currently displays as 'N' in MHDO Chapter 241. The entry was supposed to be 'T' and is expected to be updated in a future revision of Chapter 241.

To avoid complications, file processing will currently honor both zero and space fill as “empty” for this field.

Question: What is the proper reporting for Revenue Code ‘0001’?

Answer: A single ‘0001’ code should be submitted for each patient record in Outpatient Revenue Centers as the last Rev Code for the record. It should be equal to the total supplied in the 90 Record for that patient record. We do not consider ‘0001’ a valid accommodation nor ancillary code for the sake of Inpatient files.

Question: How many ICD-10-CM Other Diagnosis codes can be submitted for a patient record?

Answer: The ICD-10 fields are in sets of twelve with the option of submitting two sets for a total of 24 codes of each type (Other Diagnosis, External Cause, Procedure). Some submitters have provided sequence number of ‘03’ with only eight codes in each set, which does not match the standard in MHDO Chap 241. Please reach out to the Help Desk if you need more information.

Question: I have an Inpatient record that was not charged accommodations. What do I do about Record Type 50?

Answer: In rare cases a record may be declared Inpatient (per UB-04) even when a patient does not end up being charged accommodations. In this instance, a data file may drop the accommodations loop and provide an override explanation in the 90 Record to indicate that total accommodation charges of zero is accurate for the data.

Question: Should adjustments be summed into the non-zero charge for that revenue center in the Outpatient data set? Should Inpatient data sets include adjustments? And if so, should they be summed into the non-zero charge for the revenue center?

Answer: The UB-04 Data Specifications manual indicates that service units must be greater than zero (a zero or negative value is not allowed) and charges must be greater than or equal to zero, regardless of the nature (inpatient or outpatient) of the visit or encounter. Consequently, adjustment charges for both inpatient and outpatient services must be reconciled to the individual line item for which the adjustment applies.

PAYER INFORMATION

Question: How do I provide my payer information?

Answer: The MHDO is requiring the facilities submit to the Maine Hospital Data Portal a file consisting of four data points for each payer in the dataset. These will consist of 1) payer identification number as it exists in the patient record, 2) payer name as it exists in the patient record, 3) normalized payer name, and 4) the name of the source list. The normalized payer name must be accurate and correctly identify the payer. Table shell (headers) and examples are provided in the User Guide.

The format can be either comma separated values (.CSV) or MS Excel spreadsheet (.xls or .xlsx). When using Excel, only one sheet per workbook will be allowed. Please name the file indicating it is your Payer Code list, along with your facility's MHDO assigned ID, which data stream it is associated with and the date when you created the file to ensure accurate association for your files.

Crosswalk files can be uploaded through the Hospital Data Portal by navigating to the "Crosswalks" page under the Submission menu.

Question: How often should I update my Payer crosswalk?

Answer: Updates, including any new or altered entries, are expected to be provided on a bi-annual basis and before the submission of Q1 and Q3 data files that contain those values. Each payer file submitted will replace the previous file, so please ensure all potential values are included in each file.

Question: I am having trouble generating normalized payer names for the Payer Crosswalk. Where is a good source of values?

Answer: Many Hospitals are finding that pulling Payer names from their front-end system and lining those up with the payer names in the data files helps to provide standardized human readable names for the "normalized" column in the crosswalk.

Question: How do I know my Payer crosswalk has been loaded?

Answer: If the file is rejected the user will receive a notification from the Help Desk with information about how to resolve the issues. If the file is accepted, it will be processed and loaded into the system within 5 business days of receipt. The user will receive a notification from the Help Desk once it has been loaded and the file will be updated to "Committed" status by MHDO or HSRI staff.

Question: If we fail the Payer Identification Number validation rules what reason should we provide when overriding?

Answer: It is important that you provide a complete and accurate Payer Crosswalk prior to your first submission to ensure you pass the relevant validation rules. If you are unable to do so by the first submission deadline of 8/31 please contact MHDO to request an extension rather than requesting an override at this time.

Question: If the crosswalks are being worked on between the organization and MHDO can these be overridden until this is resolved?

Answer: We need the most accurate crosswalks for the initial submission period. If you are unable to update your Payer Crosswalk by the first submission deadline of 8/31 please contact MHDO to request an extension rather than requesting an override at this time.

Question: Do I need to include self-pay encounters?

Answer: Yes, self-pay encounters must be include per 90-590 Chapter 241 Sec 2, “each hospital shall file with the MHDO or its designee a completed hospital inpatient data set and a completed hospital outpatient data set for every service provided to each patient.”

The rule provides mappings to UB-04 and CMS-1500 form locators and 837 loops and segments not to limit hospital reporting of discharges/encounters to certain billing types, but to ensure that it is clear which data are required regarding the inpatient and outpatient services provided. Please report all information as required in MHDO Rule Chapter 241.

Question: How do I identify self-pay encounters?

Answer: Every visit/encounter must have an identified Payer (with a unique code and name), even if it is not a public or commercial payer. ‘Self Pay’ is a valid payer name (OP3006, IP3006) that corresponds to payer code (OP3004, IP3004) ‘SP000’. ‘Uncompensated Care’ or ‘Charity Care’ is also a valid payer name that corresponds to payer code ‘UC000’. These payer names and codes should be reported in the appropriate fields in the data file and included in your Payer crosswalk.

RESOLVING VALIDATION ISSUES

Question: Please confirm that profile overrides are good for the remainder of the calendar year and not one year from the override date.

Answer: Yes, that is correct. Profile overrides are effective for the remainder of the calendar year.