MHDO HOSPITAL DATA PORTAL USER MANUAL

REVISION HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>8/1/2016</td>
<td>1</td>
<td>First Version</td>
</tr>
<tr>
<td>10/25/2016</td>
<td>2</td>
<td>Updated instruction for the submission of Payer and LOS Crosswalks</td>
</tr>
<tr>
<td>11/17/2016</td>
<td>3</td>
<td>Updated Help Desk phone number</td>
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OVERVIEW

Maine is committed to using data to improve the health of its citizens. The Maine Health Data Organization has created a comprehensive health database that supports research, policymaking, and modeling—all while protecting individual privacy. As a hospital data submitter, you provide essential data for these efforts.

This manual aims to provide users of the hospital submission system, referred to as the MHDO Hospital Data Portal, or Portal, with step by step instructions for using key features of the system. It will guide you through the process of submitting data and a walkthrough for the correct way to interact with the system. The User Manual covers the entirety of the MHDO Hospital Data Portal in a broad sense.

See Rule Chapter 241 on the Rules and Statutes page of the MHDO website for a complete definition of the data that must be submitted, and by which hospitals.

The MHDO Hospital Data Portal URL is: https://mhdo.maine.gov/hospital_portal/

BROWSER REQUIREMENTS

The Portal is optimized for use with:

- Microsoft Internet Explorer 9.0 and later
- Mozilla Firefox 3.5 and later
- Apple Safari 5.0 and later
- Google Chrome 4.0 and later

If you use another browser, you may encounter problems, and the Portal pages may not display properly. The following is a list of minimum required browser settings:

- Screen Resolution: Optimized for 800x600 or higher
- JavaScript: Required
- Cookies: Required
- Security: SSL/Certificate required for access to restricted resources
- Internet Explorer Compatibility View: Turn Off

REGISTER AN ACCOUNT

The Administrative Contact for your facility should be the first person to register. They will have the ability to invite other users to create their accounts and will be notified and approve your registration. To create an account, go to the URL: https://mhdo.maine.gov/hospital_portal/

- Click on “Register a New Account”.

Note: The registration process will take you through a series of questions. Please double check your answers to each, as incorrect responses will delay your ability to successfully use the system. You can
click the "Back" button on the forms if you need to change earlier responses before you submit your registration. If you do encounter issues, contact the Help Desk at mhdohelp@norc.org.

- Using the drop down list, select the appropriate Hospital or Hospital system affiliation. If you have responsibility for more than one hospital, make sure you select the hospital system. Click “Next”.

- Enter your Contact Details. The information entered will be used to contact you with notifications from the Portal including password resets, etc. Click “Next”. 
• Create your own Username and Password. Click “Complete”.
The “Registration – Complete” page will appear indicating registration was successful and your account is pending approval by an Administrator. Click “Done”.

SYSTEM LOG IN
You will receive an approval notification email from portal@mhdo.maine.gov notifying you that an Administrator approved your registration. The email will be sent to the address you entered during registration. Return to the Portal (https://mhdo.maine.gov/hospital_portal/) where you can now log in with the username and password you created.

USER ACCOUNTS
Administrators can invite new users and manage registration of users within the company/hospital. They are responsible for assigning user roles which include “Data Submitter” and/or “Administrator”. Multiple users may serve in multiple roles within each facility account.

INVITE USERS
- Log in to the Portal.
- Navigate to the “Users” page under the Hospital menu.
- Click on the “Invite” button.
- Enter the user’s email address and click on the “Invite” button.
- This will automatically generate an email to the address entered with instructions for navigating to the portal and registering a new account.
APPROVE USERS

Administrators will receive an email notification when a new user has completed the registration process at which point the Administrator should log in to the portal and either approve or reject the account.

- Log in to the Portal.
- Navigate to the “Users” page under the Hospital menu.
- The list of approved users will automatically display. Click on the “Pending” tab.

- Find the user account you would like to review. Under the “Actions” column, click “View Details”.
- Edit fields as needed.
- Click the checkbox(es) to indicate if the user should be added as a Data Submitter and/or an Administrator. Leaving both unchecked is allowed and checking both is allowed.
- Click on the “Approved” button.
- You can also “Reject” a pending user.
MANAGE USERS
Administrators can change user roles, suspend accounts and reset passwords for approved users.

- Log in to the Portal.
- Navigate to the “Users” page under the Hospital menu.
- The list of approved users will automatically display.
- Find the user account you would like to review (you can sort by name, email, phone). Under the “Actions” column, click “View Details”.
- Edit fields as needed including the Data Submitter and Administrator checkboxes.
- Click on the “Save” button.
- You may also suspend user accounts and reset account passwords by clicking on the corresponding button.

MANAGING CONTACTS
Each Hospital should identify Contacts on the Portal to allow the MHDO to target communications to specified parties. Contact type categories include User, General, Administrative, Compliance,
Submission, and CFO. When registering an account, users will automatically be added to the Hospital Contacts list and identified with the “User” contact type category. Administrators can add individuals to the Hospital Contacts list even if they are not registered users. However, these individuals will not have access to the portal and must go through the registration process to gain access. The MHDO requires that each hospital identify at least one Contact for each of the Compliance, Submission and CFO categories.

To save a copy of the Hospital contact list to your computer, click the “Download” button at the bottom of the page.

ADD CONTACTS

- Log in to the Portal.
- Navigate to the “Contacts” page under the Hospital menu.
- Click the “Add” button.
- Enter the Contact details and click the “Add” button.

UPDATE CONTACT TYPE CATEGORY

- Log in to the Portal.
- Navigate to the “Contacts” page under the Hospital menu.
- Find the contact you would like to review (you can sort by name, company, title).
- Check all boxes that apply for any Contact type category where you would like the individual added or removed from. This information will automatically be saved.
UPDATE CONTACT DETAILS

- Log in to the Portal.
- Navigate to the “Contacts” page under the Hospital menu.
- Find the contact you would like to review (you can sort by name, company, title).
- Click “Edit” under the “Actions” column.
- Enter updated information within the appropriate fields
- Click the “Update” button.

DELETE CONTACTS

- Log in to the Portal.
- Navigate to the “Contacts” page under the Hospital menu.
- Find the contact you would like to review (you can sort by name, company, title).
- Click “Edit” under the “Actions” column.
- Click the “Delete” button.

SUBMISSION AND REVIEW OF FILES

WHO CAN SUBMIT

Administrators and Data Submitters can submit data files.

WHEN TO SUBMIT

In accordance with MHDO Rule Chapter 241 each inpatient discharge record must be filed no later than 90 days following the calendar quarter in which the discharge occurred. Each outpatient service record must be filed no later than 90 days following the calendar quarter in which the service occurred.

Files can be submitted monthly or quarterly. Compliance will be done on a quarterly basis.
**HOW TO SUBMIT**
Successful file preparation includes a few easy steps:

1. Use a file prepared and named as directed.
2. Compress and Encrypt (AES-256) with the password provided to your facility. You can find the password in the field labeled “Key” in the “Summary” page under the Hospital menu.
3. Upload the file to the Portal.
4. Check the Portal for validation issues.

**FILE NAMING CONVENTION**
This step is critical to the proper identification and attribution of a facility’s data. Files transferred with improper file names will fail upon receipt.

The file name must be constructed using the following convention:

```
MHDOID_DS_CCYYMM_CCYYMM_FT_SN_VN.EXT
```

1. **MHDOID**: The MHDOID assigned to a facility for the purposes of reporting hospital inpatient and outpatient data. The MHDOID must correspond to the MHDOID in the header of the file. Each hospital and provider-based outpatient clinic will have their own MHDOID. If provider-based outpatient clinics data are being submitted with their Hospital outpatient data, the Hospital’s MHDOID should be used and you must make sure to populate the OP4005 Location of Service element with the appropriate MHDO ID for those included records. MHDO ID information can be found in the Portal under the Hospital>Summary menu.

   **An underscore symbol: “_”**

2. **DS – Data Stream**: Data submitters will have one or more data streams. These streams will be denoted by a 2-digit number starting with 01. The leading zero is required. MHDO will provide all submitters with the Data Stream numbers that they should use for submission. 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. If your hospital is affiliated with one or more provider-based outpatient clinics, each facility will have its own data stream numbered 01 and you can submit separate files to each clinic's data stream. If you plan to include your outpatient clinic data as a part of your hospital’s main outpatient data stream (02), you must make sure to populate the OP4005 Location of Service element with the appropriate MHDO ID for those included records.

   **An underscore symbol: “_”**

3. **CCYYMM – Data Period Start Month** expressed as CCYYMM (two-digit century, two-digit calendar year and two-digit month; for example, 201601 indicates a January 2016 starting month). Quarterly data submissions should use the start date for the first month of the
quarter. For example, the start of the first quarter of 2016 would use 201601 to indicate January 2016.

4. **CCYYMM** – Data Period End Month expressed as CCYYMM (two-digit century, two-digit calendar year and two-digit month; for example, 201601 indicates a January 2016 ending month). Quarterly data submissions should use the end date for the last month of that quarter. For example, the first quarter of 2016 would use 201603 to indicate March 2016.

5. **FT** – File type: Inpatient (IP) or Outpatient (OP)

6. **SN** – Sequence number: This is used to differentiate files with otherwise identical file names (for example, when two inpatient files are submitted during the same submission period). This will only occur when a facilities’ submission is of sufficient size to require compression in volumes or occasionally during a system change where parts of the same submission are derived from separate sources.
   - This is expressed as a two-digit number, starting with 01. The **leading zero is required**.
   - The sequence numbering starts over with each new submission period.

7. **VN** – Version number: This is used to differentiate multiple submissions for the same filing period. This is a common occurrence and used among other things as a way to submit corrected data. You will simply increment the value for each submission of the same filing period.
   - The format is a lower case letter “v”, followed by two digits (01-99). The **leading zero is required**.
   - Original submissions of all files should be versioned “v01”.
   - The Portal will not accept files that have the same name as an existing file.

8. **EXT** – File extension (txt): Files submitted into the new Hospital submission system must be saved as a text file which will give it a .txt extension.

File Name Examples:
- Facilities submitting monthly: 200009_01_201601_201601_IP_01_v01.txt
- Facilities submitting quarterly: 200009_02_201601_201603_OP_01_v02.txt

**Encryption and Compression**

To ensure the security of personally identifiable information and personal health information, and to reduce file transmission times, MHDO requires submitters to compress and encrypt all files.
before uploading. This file-level encryption ensures the confidentiality of all data submitted to the warehouse, not just certain sensitive fields.

The archive MUST be encrypted using 256-bit AES (AES-256) encryption using the submitter’s unique encryption password. The process is simple and can be accomplished using various commercially available compression packages. Data has been successfully prepared for transport with many solutions including 7zip (open source) and WinZip (commercial)\(^1\). **The submitter’s unique encryption password can be found in the “Summary” page under the Hospital menu.**

**The password is displayed in the “key” field.** Each file that is to be uploaded to the MHDO Hospital Data Portal should be added to a separate zip archive. Files sent without the proper encryption will be failed upon receipt.

If you are preparing your submission file with 7zip, example steps for the process are:

1. Have your .txt file ready with the correct name.
2. Right click on the file to reach the context menu for 7zip.
3. Select “Add to Archive...” this brings up the 7zip compression and encryption window.
4. Here most of the settings can be left at their default values.
5. What you need to confirm is the following:
   a. Archive format: 7z or zip
   b. Encryption Method: AES-256
   c. Optionally check the box for “Encrypt file names”
6. You will then need to enter and reenter the “Encryption” password. This is the “Key” in the Hospital Portal.
7. When you click OK, the program will begin creating the .7z or .zip file, which should no longer have the .txt extension when complete.
8. The file produced will contain a .txt file and will prevent you from reading that file unless you provide the Key you entered.
9. At this point, the file is ready to submit to the portal for validation.

### Uploading Your File to the Portal

Once you have a compressed, encrypted file with the correctly formatted name, navigate to the “Submit Data” page under the Submission menu.

Make sure that you see HTTPS in the web address to ensure you are submitting with full security. HTTPS and file Encryption with a password are critical to ensure that Personal Health Information and Personally Identifiable Information are only accessible to authorized users.

Click “Choose File” and navigate to the file in your file system. After you click “Open” in the file search dialog, the filename will appear in the box. When you have the file you want, click “Submit” to securely upload the file to the MDHO Data Warehouse. If the filename is not correctly formatted or does not correspond to an established data stream, you will see text appear with an error.

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\(^1\) The Maine Health Data Organization does not endorse or recommend any commercial or open source products, processes, or services. The views and opinions expressed in this document do not necessarily state or reflect those of the Maine State Government, and they may not be used for advertising or product endorsement purposes.
message below the filename. If there are no errors, you will get a message indicating submission was successful. The file will now be queued for processing.

**Facility Specific Validation Crosswalks**
There are two facility specific crosswalks that are used for validations. These three fields: Location of Service (OP4005 - outpatient only) Payer ID (IP3004, OP3004), and Payer Name (IP3006, OP3006) are ones for which we will need Hospitals to submit crosswalks. More information can be found below.

**Submitting and Updating Crosswalks**
Crosswalk files can be uploaded through the Hospital Data Portal by navigating to the “Crosswalks” page under the Submission menu.

Click “Submit New” and select the File Type (Payer or LOS) and Data Streams the crosswalk should be associated with. Next, click “Choose File” and navigate to the file in your file system. After you click “Open” in the file search dialog, the filename will appear in the box. When you have the file you want, click “Submit” to securely upload the file to the Hospital Data Portal. The option to “Submit” will only appear after you have selecting at least one Data Stream. The file will now be queued for evaluation and should have a Status of “Submitted”.

The submitted file will be evaluated to determine if it meets the requirements outlined below for loading to the system. The file will either be Accepted or Rejected. This evaluation will occur within 1 business day of submission. 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.

Updates, including any new or altered entries, are expected to be provided on a bi-annual basis. Each file submitted will replace the previous file, so please ensure all potential values are included in each file. 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.

**Preparing the Crosswalks**

**Location of Service**
Chapter 2.A.(3)(b) specifies allowance of location codes that identify the location of Outpatient services not within the municipality of the primary hospital, when that location does not have a unique MHDO assigned ID for submitting files. Some Hospitals may want to indicate hospital departments or locations within the same municipality. Crosswalks of these codes 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. When using CSV, if any column value contains a comma, please ensure you use double quote text qualifying characters, or remove all non-delimiter commas prior to sending us the file. 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.

**Payer Information**

*History*

Payer information has been and continues to be problematic in the hospital dataset, especially the information referenced in Chapter 241 Section 2.A.(1)(b). Given the vastly different information captured by facilities and the potential variations of spellings, abbreviations, and truncations as well as the array of alphanumeric and numeric identifiers, it is extremely difficult for the MHDO to determine the actual payer.

*Issue*

Without clear identification, it is not reasonable for the MHDO to assign a payer group that is released to researchers. This shortcoming jeopardizes accurate analysis and provides the potential for misleading results. To this end, Hospitals need a clear definition of what to submit in data files to meet Chapter 241 expectations and MHDO needs an accurate relation of payer field values to distinct payer entities.

*Instructions for Submitters*

The MHDO is proposing 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 ID 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 will be provided below.

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. When using CSV, if any column value contains a comma, please ensure you use double quote text qualifying characters, or remove all non-delimiter commas prior to sending us the file. Please name the file indicating it is your Payer Code list, along with your facility’s MHDO assigned ID and the date when you created the file to ensure accurate association for your files.

The Payer code files from facilities will be used to determine passed status for IP3004, IP3006, OP3004, and OP3006 within Record Type 30’s validation rules in the Maine Hospital Data Portal. The submitted file will be applied to only that facilities data and will be used to aid in assignment of Payer categories in MHDO’s Hospital Encounter data release files.
Table headers:

1. **Payer Code (Payer Identification Number):** Alphanumeric code that is submitted in hospital files as the value for field IP3004 and OP3004. These fields are formatted as Text and can be a max of 5 characters long.

2. **Payer Name:** Payer name as it exists in the patient record that is submitted in hospital files as the value for field IP3006 and OP3006. These fields are formatted as Text and can be a max of 23 characters long. Form Locator for IP3004 Primary | Secondary are UB04 50A | 50B or ASC X12N/005010A1 837/2010BB/NM1/PR/2/03 | 837/2330B/NM1/PR/2/03.

3. **Normalized Name:** A human readable standard name for a payer, such as “Aetna” or “BlueCross BlueShield”.

4. **Source List:** Source lists would be “NAIC Company code” list, “MHDO Payer code” list, or a specific Hospital Electronic Billing Payer Codes list that the code comes from. If the source list is ‘Unknown’ or an ‘Other’ list not included in Chap 241 such as Internal Hospital Defined code, those will be accepted as sources. We would appreciate receiving information that is as specific as possible to help guide our ability to assist with hospital system transitions and standards adoption.

**Example Table**

<table>
<thead>
<tr>
<th>Payer Code (IP3004 or OP3004) Payer Identification Number</th>
<th>Payer Name (IP3006 or OP3006)</th>
<th>Normalized Name</th>
<th>Source List</th>
</tr>
</thead>
<tbody>
<tr>
<td>39026</td>
<td>ZZ WAUSAU BENEFITS IN</td>
<td>WAUSAU INSURANCE COMPANIES/ UHIS</td>
<td>ELEC PAYER CODE</td>
</tr>
<tr>
<td>10001</td>
<td>MEDICAID</td>
<td>MEDICAID</td>
<td>MHDO PAYER CODE</td>
</tr>
<tr>
<td>20180</td>
<td>&amp;S OF ILLINOIS</td>
<td>ANTHEM</td>
<td>MHDO PAYER CODE</td>
</tr>
<tr>
<td>20180</td>
<td>BD OF M-I/P</td>
<td>ANTHEM</td>
<td>MHDO PAYER CODE</td>
</tr>
<tr>
<td>80624</td>
<td>TODAYS OPTIONSAMER PROG</td>
<td>AMERICAN PROGRESSIVE</td>
<td>NAIC</td>
</tr>
<tr>
<td>80624</td>
<td>TODAYS OPTIONSAM PROGR</td>
<td>AMERICAN PROGRESSIVE</td>
<td>NAIC</td>
</tr>
<tr>
<td>20180</td>
<td>BLUE ADVANTAGE ADMIN</td>
<td>ANTHEM</td>
<td>MHDO PAYER CODE</td>
</tr>
<tr>
<td>79413</td>
<td>EVERCARE-SOLUTIONS</td>
<td>UNITEDHEALTHCARE INS CO</td>
<td>NAIC</td>
</tr>
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<td>94587</td>
<td>MEMBERS HLTH/CANCELED</td>
<td>SELF PAY</td>
<td>NAIC</td>
</tr>
<tr>
<td>00180</td>
<td>MEDICARE-A</td>
<td>MEDICARE</td>
<td>MHDO PAYER CODE</td>
</tr>
<tr>
<td>20180</td>
<td>ANTHEM MEDICARE ADVANTAGE</td>
<td>ANTHEM</td>
<td>MHDO PAYER CODE</td>
</tr>
</tbody>
</table>

**Code Sources**

If you are working on building a new set of Payer codes, or would like to update your existing lists, the lists indicated in Chapter 241 are as follows:
• Hospital Electronic Billing Payer Codes are a category of proprietary lists available from a wide variety of sources. These often come as part of a package of billing or revenue services. MHDO cannot directly provide these lists, but several can be found and browsed online.
• NAIC Company code available from the website: http://www.naic.org/prod_serv_alpha_listing.htm#life_guide under heading: “Listing of Companies” These are updated twice a year.
• MHDO Payer codes are codes specified by MHDO which include a standardized list of Payer codes along with a payer type (e.g. Self Pay) code list from MHDO which was used historically. This list is available by request to the Help Desk mhdohelp@norc.org and will be in the Portal.

**CROSSWALK TIPS**

Below are a few other helpful hints for crosswalks.

• Setting the format of the Payer Code column to Format Type Text in Excel can help avoid loss of leading zeros and other auto-detection errors created by Excel when using the default column formatting.
• If you are preparing a crosswalk from a file that has other information such as full length (greater than 23 character) payer names, internal payer company indicator codes, etc. please place those columns to the right of the four required columns. Extra columns will be ignored when being loaded and processed into the portal.

**SUBMITTING OR REPLACING OLDER DATA**

Submission periods are locked for data already released to end users (the goal is to move to releasing data every quarter). When submitters try to submit data for a locked period, a Submission Period Locked structural validation issue occurs. This issue must be resolved before all other validation issues.

To resolve the validation issue users will need provide a reason for why missing, supplemental or replacement data for a locked period is being submitted. The system will determine if your file is an initial submission, replacement submission, or supplemental submission based on the file naming. If the data are less than a year old, the validation issue will be cleared as soon as the information is provided by the user. Submissions of data older than one year will require approval from MHDO before the issue will be cleared.

**VIEWING YOUR SUBMISSION HISTORY**

All files submitted in the Portal can be viewed by navigating to the “History” page under the Submission menu. You can track the progress of your file here, as well. Processing typically takes under an hour, but we guarantee it will happen within 24 hours. You will receive an email from the Portal once processing in complete. If your submission does not reach one of these statuses within 24 hours and/or you do not receive an email please contact the Help Desk (mhdohelp@norc.org).

To view your submission history:
- Log in to the Portal.
- Navigate to the “History” page under the Submission menu.
- Find the file you would like to review (you can filter the list using the File Type or Status dropdowns and you can sort based on each column).
- You can also Download this table.

## Determining a File’s Status

Once a file has been uploaded to the Hospital Data Portal, its status will show as one of the following:

- Queued: The file is waiting to be processed and validated.
- Processing: The file is being processed and validated.
- Failed: The file has one or more validation issues, causing it to fail.
- Passed: The file has passed all validation rules and has been loaded to the Portal.
- Error: Specific structural issues and unexpected problems with processing the file will lead to this status. If the system messages are not sufficient to address the issue, please inquire with the Portal Help Desk.

## Resolving Validation Issues

When you submit a data file, a validation system automatically checks the file for issues. If an issue exists, the file will not be accepted into the Hospital Data Portal. The issue must be resolved before the file can be accepted.

On a “Failed” status, your file has failed one or more intake validations. When this is the case, you will need to resolve the validation issues.

From the submission History

1. Click on “Details” to see what the specific issues are in a “Failed” file. You can also Download this table.
2. Click “Details” to see additional information about a validation issue.
3. Click the “Summary” to view or Download a summary of failing records or click “Details” to view a list of failing lines, or “Request Override” to resolve the issue.
4. If you want to display more results in the Validation Failure Details page, use the Page Size dropdown.

**STRUCTURAL-LEVEL ISSUES**
If there are issues with an Issue Type of “Structural”, you will need to resolve these before moving on to other issues. Structural issues tend to involve file structure and formatting of fields such as too many characters or invalid Record Type that are in direct conflict with the specification in the MHDO Rule Chapter 241. You can see additional information about a validation by clicking on “Details”. For most structural validations you will see a message indicating that the error needs correction in the base file and will thus need resubmission to pass.

There are a few non-fatal structural errors that can be exempted with permission from MHDO, such as Submission Period Locked when you are submitted a file for data that is older than one year. If an Exemption is permitted, you will see an “Override” button. This will take you to a screen where you can enter an explanation for MHDO to review.

**FAILURE-LEVEL ISSUES**
Issues of type “Failure” cannot be overridden and will need to be fixed and resubmitted. They typically involve an intrinsic issue with the format of the data, such as a date field that could not be parsed to a valid date due to being populated with symbols or letters instead of CCYYMMDD as directed by Chapter 241 or a sequence number that is outside the range of allowed values.

**EXEMPTION-LEVEL ISSUES**
Issues of type “Exemption” can be overridden, but require approval from MHDO for the reasons supplied in the exemption request. Requesting an override for these issues will require you to supply a time period for which you believe you will need the exemption. All overrides are reset yearly, so if you need an exemption past December of a given year, you will need to submit a new request the following year, if your data continues to fail the validation.

**PROFILE-LEVEL ISSUES**
Issues of type “Profile” are deemed dependent on business practices and can be overridden with a clear explanation of why you consider the data of sufficient quality. Subsequent failures on the same validation rule will be automatically overridden for the remainder of the calendar year once a Profile override has been established.

**AD HOC-LEVEL ISSUES**
Issues of type “Ad Hoc” may be overridden without the need for MHDO approval. However, unlike Profile overrides, Ad Hoc overrides will not persist for subsequent failures on the same validation rule such that submitters will need to provide an explanation whenever criteria for such a rule are not met.

**FILE SUCCESS**
A file with a “Passed” status has passed all validation rules or been sufficiently overridden and no further action is required at this time.

**VIEWING REPORTS**

**SUBMISSION REPORT**
This report is currently being developed for a future release of the MHDO Hospital Data Portal. The Submission Report will provide a summary of all the expected files for the current calendar year and their status.

**VALIDATION REPORT**
This report is currently being developed for a future release of the MHDO Hospital Data Portal. The Validation Report provides a record of how your data have performed against the validation rules across all your submissions.

**EXTENSIONS**
If you are not able to submit a file(s) by a set deadline, you should contact the Kimberly Wing, Compliance Officer, MHDO: kimberly.wing@maine.gov or (207) 287-2296 to discuss an extension.

**TROUBLESHOOTING**
There are multiple resources available to help you use the Hospital Data Portal. In addition to this User Manual, you can access the Hospital Portal Demo Webinar video under the “Help” menu and can contact the Portal Help Desk.

**HELP**

**TECHNICAL SUPPORT**
The Portal Help Desk is available for any technical/system issue you may encounter. Support is available during regular business hours (8 a.m. – 5 p.m. EDT, Monday – Friday) within two hours of request.

**Toll-free Phone:** (866) 451-5876  
**Email:** mhdohelp@norc.org

**COMPLIANCE HELP**
For compliance questions, contact Kimberly Wing, Compliance Officer, MHDO: kimberly.wing@maine.gov or (207) 287-2296.

Questions related to deadlines should also be directed to the Compliance Officer.
SYSTEM NOTIFICATIONS
Periodically, MHDO sends notifications to system users (for example, to let them know that submitted files have been validated, an exemption request has been approved/or rejected, or that new users need to be approved). All system notification emails will come from portal@mhdo.maine.gov. This is an unmonitored email address and should not be replied to. For convenience, these notifications also appear when you log in to the portal. The Notification screen also serves as a communications center, displaying general system information such as upcoming deadlines and updated resource information.

DEFINITIONS OF TERMS USED

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ad Hoc-Level Issue Types</td>
<td>Ad hoc-level issues are those that submitters may override during the data submission process but that MHDO does not allow to be set permanently in the submitter’s Validation Profile. Submitters are required to provide an explanation/justification which is stored in the system as metadata and is made available to the data user. Once the override is set, it will only be applied to that particular data submission.</td>
</tr>
<tr>
<td>Exemption-Level Issue Type</td>
<td>Exemption-level issues are generally related to fields critical to data user analysis. However, MHDO may agree to bypass certain validations on an individual basis. Submitters are required to provide an explanation/justification which is stored in the system as metadata and is made available to the data user. These “exemptions” from default thresholds are typically limited to a set period of time, but exemptions can be made permanent at the MHDO’s discretion.</td>
</tr>
<tr>
<td>Exemption Request</td>
<td>A request from a hospital for relief from the obligation of a specific exemption-level Data Validation rule.</td>
</tr>
<tr>
<td>Failure-Level Issue Type</td>
<td>Failure-level issues apply to certain elements that are considered key to successful use of the data. In some cases, this means a record level issue that interferes with standardized processing, in others it is a key field upon which intrinsically define the data. The only way to resolve a failure-level issue is to correct the data in the source system and resubmit the file.</td>
</tr>
<tr>
<td>FEIN</td>
<td>Federal Employer Identification Number or the Federal Tax Identification Number; a unique nine-digit number assigned by the Internal Revenue Service to business entities operating in the United States.</td>
</tr>
<tr>
<td>File Type</td>
<td>Indicates the type of file: Inpatient data sets, Outpatient data sets.</td>
</tr>
<tr>
<td>Filing Period</td>
<td>Each inpatient discharge record must be filed no later than 90 days following the calendar quarter in which the discharge occurred. Each outpatient service record must be filed no later than 90 days following the calendar quarter in which the service occurred.</td>
</tr>
<tr>
<td>Hospital</td>
<td>Any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.</td>
</tr>
<tr>
<td>Hospital Inpatient Data</td>
<td>The information generated at the time of discharge which is associated with patients who are provided with room, board, and continuous</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>nursing service based on a physician's written order in an area of the hospital where patients generally stay more than twenty-four hours.</td>
<td></td>
</tr>
<tr>
<td>Hospital Outpatient Data</td>
<td>Information which is associated with patients who receive services in a formally organized ambulatory department, clinic, provider-based practice considered a department of the hospital, and/or other departments of a hospital when those patients are not considered to be inpatients.</td>
</tr>
<tr>
<td>Initial File</td>
<td>File is the first submission for a given period and file type combination.</td>
</tr>
<tr>
<td>Issue</td>
<td>When a validation fails to pass a given validation rule.</td>
</tr>
<tr>
<td>Issue Type</td>
<td>Identifies the type of issue—Structural, Exemption-Level, Ad Hoc-Level or Profile-Level—that prevents a file from being accepted. Each validation has an associated issue type that will determine the options a data submitter has when a validation fails to pass.</td>
</tr>
<tr>
<td>Metadata</td>
<td>Information about the data, such as the validation rules applied and other contextual information about the submission. All data submitted to the Hospital Data Portal will have metadata associated with it.</td>
</tr>
<tr>
<td>MHDO-Assigned Hospital Identification Code</td>
<td>A code assigned by MHDO to uniquely identify hospital’s inpatient and outpatient data.</td>
</tr>
<tr>
<td>NAIC</td>
<td>A unique identifier assigned to each individual insurer by the National Association of Insurance Commissioners (NAIC).</td>
</tr>
<tr>
<td>Override</td>
<td>A process by which a validation can be bypassed.</td>
</tr>
<tr>
<td>Payer</td>
<td>An entity that is responsible for paying claims in the state of Maine and is legally responsible for submitting inpatient and/or outpatient data.</td>
</tr>
<tr>
<td>Submission Period Locked</td>
<td>Once a period (month or quarter) of data has been released to data users the period is locked. A data submitter will not able to submit a new or supplemental file, cancel or replace a passed file without providing a reason and approval from MHDO, depending how old the data is.</td>
</tr>
<tr>
<td>Profile-Level Issue Types</td>
<td>Profile-level issue types represent validations that vary by facility or hospital. Once the override is set, it will be applied to all files for the Validation Profile going forward. Submitters are required to provide an explanation/justification which is stored in the system as metadata and is made available to the data user.</td>
</tr>
<tr>
<td>Replacement File</td>
<td>A file that is meant to fully replace a previously submitted and passed file.</td>
</tr>
<tr>
<td>Structural-Level Issue Types</td>
<td>Structural-level issues occur when the file fails to meet the required file format (MHDO Rule Chapter 241). The most serious issue type; these typically prevent the use or evaluation of the data and must be resolved before a file may be accepted. The only way to resolve a structural-level issue is to correct the file format and resubmit the file.</td>
</tr>
<tr>
<td>Submitter</td>
<td>An entity that submits claims to the Maine Health Data Warehouse.</td>
</tr>
<tr>
<td>Submission Period</td>
<td>The period of time contained within a given data file. Typically, one quarter (e.g. January – March).</td>
</tr>
<tr>
<td>Supplemental File</td>
<td>A file that is meant to supplement a previously submitted and passed file.</td>
</tr>
<tr>
<td>Threshold</td>
<td>The percentage of records that must pass a given validation.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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</tr>
<tr>
<td>User Account</td>
<td>An MHDO portal user account associated with a single individual.</td>
</tr>
<tr>
<td>Validation</td>
<td>An evaluation that is performed on data before it is allowed into the Hospital Data Portal.</td>
</tr>
<tr>
<td>Validation Issues</td>
<td>A list of issues generated when a file is validated.</td>
</tr>
<tr>
<td>Validation Profiles</td>
<td>A profile for a hospital that contains the set of validations that is applied to its inpatient and outpatient data submission.</td>
</tr>
<tr>
<td>Validation Rules</td>
<td>The full list of validations.</td>
</tr>
</tbody>
</table>