

MHDO PAYER DATA PORTAL FREQUENTLY ASKED QUESTIONS (FAQs)

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REVISION HISTORY

Date	Version	Description	Author
8/30/2013	1	Initial Draft	L. Candura
11/7/2013	2	Update	L. Candura
1/23/2018	3	Portal Update and Revision	R. Rodriguez
2/28/2018	4	Update to File/Field Formats	R. Rodriguez
2/5/2019	5	Updates to security policies and testing instructions	R. Rodriguez

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OVERVIEW

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

GENERAL QUESTIONS

Question: What if some of the data being required is not available within our data warehouse?

Answer: In general, all data elements that can have an appropriate blank/null value have been identified in the layouts for the individual files. However, it is understood that there are limitations within different processing and data warehouse structures. The new system gives users significant control over how to deal with this by overriding validation issues and providing reasons for not being able to meet the threshold.

REGISTRATION

Question: I have multiple sub entities in my company. Do I have to use the same Administrative Contact for each?

Answer: No. In the Portal, accounts are initially setup with one Administrative Contact that can add or invite additional users, who can then be granted Administrative permissions. You can setup as many Administrative Contacts as necessary for your company's processes.

Question: How do I register multiple sub entities that will submit data under my company's account?

Answer: If the sub entities are essentially part of your company you can add users as Member Eligibility, Medical, Dental, or Pharmacy Contact and designate them as data users. If the sub entity is an entirely different company, you can add them as a Third Party Submitter.

Question: I'm a TPA with multiple employer sponsored plans. Do I need to register them all as Third Party Submitters?

Answer: No, the contracted TPA is the only entity that is legally responsible for the submission of healthcare claims processed for self-insured plans/plan sponsors/employer groups.

REPORTING AND SUBMISSION REQUIREMENTS

Question: Who should I contact if I have questions about the reporting requirements and compliance?

Answer: Please contact Philippe Bonneau, Compliance Officer, Maine Health Data Organization at philippe.bonneau@maine.gov or 207-287-6743.

Question: I did not have any claims activity during the last period (month or quarter). Do I still need to submit a file?

Answer: Yes, please submit a file with a header and trailer record count of 0.

FILE/FIELD FORMATS

Question: Is there a sample file you have?

Answer: Yes, we have format example files. These are not demonstrative of the content of fields required but are indicators of field lengths and record structure. Please contact the help desk for example files. These are for guidance only. For exact formatting you should use the details in MHDO Chapter 241 field specifications.

Question: From reading the guide, on page 4. It indicates it's a flat text file with fix length. While reading the Chapter 241_Oct_25_17_PG_Clean Copy. There is field call Sequence, which looks like loops. If it is a loop, how do I know what is the fix record length should be?

Answer: Sequence number is used to indicate when additional record type lines exist for the same patient encounter. Each instance of that record type will be a single line with the same length as the other lines of that type. A patient encounter might have one row for that record type or several, up to the max sequence number permitted. Note that with the latest update to Chapter 241, the lengths of records no longer conform to exactly 192 characters for each record type. Record Types 20, 30, and OP 40 now exceed 192 characters.

Question: Does each file contain 1 record type 01 (header on row 1)? Last row is Record Type 99. Each Patient is 1 file? Or 1 file for entire reporting period for Inpatient? Record Type 20 -Record Type 90 repeat in detail of the file?

Answer: Record Types 01 and 99 each exist only once per file at the start and end of the file respectively. Each file has all the patients for that reporting period with record types 20-90 detail lines repeated as needed for each patient encounter.

Question: How does MHDO know that Record Type 30 sequence 1 vs Record Type 30 sequence 02-99. I know MHDO specified using the sequence field to indicate 1-99. Is each patient 1 row? Or Record Type 20-90 is layout vertically.

Answer: The record types are, if we are understanding your question correctly, laid out vertically. For record type 30, the sequence 01 line is the first (primary) payer on the patient encounter, with each additional payer having their own record type 30 line in the file, right after the previous record type 30 line for that patient encounter, with incremented sequence numbers.

Question: For the field- MC070 (Service Provider Country Code) can we use 'OT', when we do not have a country name in the data?

Answer: Please leave the field blank when the country is not known.

Question: For MC038, DC031, and PC025, Claim Status, three of the current valid values are 01 – Processed as Primary, 02 – Processed as Secondary, and 03 – Processed as Tertiary; the 835 implementation guide, specified as the basis for the revised mapping, lists these three conditions as 1, 2, and 3, without the leading zero. Is this material? Will your systems accept both 01 and 1 or should we make a modification to include the leading zero?

Answer: The system will be able to accept both formats (with and without a leading zero).

Question: MC003, DC003, and PC003, Insurance Type/Product code now maps off of the 835 transaction set and there is an option to distinguish Dental Maintenance Organization business while the field ME003, Insurance Type/Product Code, which now maps off of the 271 code set, does not have an equivalent mapping option. This may cause a disconnect between the product typing across the member and claims files.

Answer: In consultation with payers, the MHDO has had to add values to these code sets in the past. If the need arises, we may have to do so again.

Question: The relationship codes I submitted are failing. Why?

Answer: Under the 5010 standard the codes “34 – Other Adult” and “76 – Dependent” are no longer acceptable for MC011, DC011, and ME012. These fields should be recoded with “G8 – Other Relationship” so the file will pass the validation.

DATA SUBMISSION/TRANSFER PROCESS

Question: How are sensitive data protected before transmission?

Answer: Sensitive information within files is protected using file-level encryption. Submitters use commercially available, payer-approved file compression and encryption software, rather than proprietary software created and distributed by the vendor.

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 User Guide that 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. All files, regardless of reporting frequency, should follow the instructions below.

Example of a valid file name: **C0756_201212ME01v01.txt**

File names follow the same convention regardless of reporting frequency, and they're made up of the following elements in the following order:

- **Payer ID:** The Payer ID should correspond to the Payer ID in the header of the file.
- An **underscore** symbol: “_”
- **Period ending date** expressed as CCYYMM (four-digit calendar year and two-digit month; for example, 201403 indicates a March 2014 end date). Quarterly data submissions should use the end date for the last month of the quarter. For example, the first quarter of 2014 would use 201403.
- **File type:** Member Eligibility (ME), Medical Claims (MC), Dental Claims (DC), Pharmacy Claims (PC).
- **Sequence number:** This is used to differentiate files with otherwise identical file names (for example, when two medical files are submitted during the same submission period). It's expressed as a two-digit number, starting with 01. You must include the leading zero. The sequence numbering starts over with each new submission period.
- **Version number:** This is used to differentiate multiple submissions of the same file. This will be important if a file needs to be resubmitted to resolve an issue such as a validation failure. The letter v should be used, followed by two digits, starting with v01. You must include the leading zero. Original submissions of all files should be labeled v01. The Portal will not accept files that have the same name as an existing file.
- **File extension** (.zip, .7z, etc.)

Question: If we choose to submit files via SFTP are the files required to be zipped/encrypted prior to sending?

Answer: Yes. Submitters will use commercially available, payer-approved file compression and encryption software, rather than proprietary software created and distributed by the vendor. Specifications and instructions for file compression and encryption can be found in the User Guide.

Question: How will I find out if my submission failed?

Answer: All files will be validated within 24 hours of submission. Once the validation process has completed you will receive a notification email. Any validation issues found can be viewed and resolved on the Portal.

Question: Whom do I contact if I am having upload problems either via the Portal or SFTP?

Answer: The Portal Help Desk is available for any technical/system issues that a user may encounter. Customers of the Portal should expect support during regular business hours (8am-5pm EDT, Monday – Friday) within two hours of request. Below is the contact information for the Help Desk:

Toll-free Phone Number: 866-451-5876

Email Address: mhdohelp@hsri.org

Question: When we submit the encrypted files to the MHDO Payer Data Portal for validation (through the portal or by SFTP), are the files landed on a NORC at the University of Chicago server for the validation process, or, are the files validated outside of the NORC environment and moved to the NORC environment after validation?

Answer: The files are either uploaded or SFTP'd to NORC-controlled servers. They are then validated and stored entirely within NORC's secure data enclave.

Question: Can I submit test files?

Answer: Yes, you may submit test files but they need to be named as such so they are not included in the data warehouse. In order to name them you must follow the naming conventions specified in the user guide using "TEST" as the payer ID. You can number the files if needed (i.e. TEST1, TEST2). The test file will be live until the evening site maintenance at 11:59 pm of the same day.

During specified testing periods, a testing portal (<https://mhdo.maine.gov/portal-test>) will be made available and monitored by the Help Desk. During the testing period, files will only be submitted via the portal and SFTP submissions will not be available.

Question: We had submitted our files via SFTP but they aren't showing up on the submission history screen on the MHDO portal page.

Answer: If files are submitted via SFTP that are not properly compressed and encrypted (example: .txt file), they will not show up on the submission history screens.

Question: I am trying to submit a file (C0756_201212ME1v1.txt). The portal is telling me my file is improperly named. Why?

Answer: Leading zeroes must be used in the Sequence and Version number. The proper naming of the file is: C0756_201212ME01v01.txt.

Question: Where does the MHDO Data Warehouse reside? Describe what protections are in place for system security.

Answer:

IT & Systems Security Protection

All MHDO Data Warehouse systems reside within NORC's secure facilities. These facilities have strictly controlled physical access and maintain boundary protection utilizing network firewalls, Intrusion Prevention System (IPS) and security monitoring using a unified situational platform. The IT environment is thoroughly documented and is managed through proven NIST 800-53 Rev.3 framework. Security provisions are established and maintained to include:

- Managed firewall and IPS
- Configuration management baselines: FDCC\USGCB for laptops, Center for Internet Security (CIS) benchmarks for network and server systems
- Least privilege access to system boundary
- Continuous physical and system security monitoring
- Managed security policies using domain group policies for complex passwords and mandatory renewal
- Domain-managed virus protection
- Access control procedures for data and systems
- Virus and spam filtering of email
- Encryption, FIPS 140-2 Level 2 – laptops (Full Disk), VPN connection (2-factor authentication), Encrypted backups tapes

The NORC Data Enclave complies with the following federal compliance guidance:

- NIST Special Publication (SP) 800-55, Security Metrics Guide for Information

Technology Systems

- NIST SP 800-53, Recommended Security Controls for Federal Information Systems
- NIST SP 800-51, Use of the Common Vulnerabilities and Exposures (CVE)

Vulnerability Naming Scheme

- NIST SP 800-37, Guide for the Security Certification and Accreditation of Federal

Information Systems

- NIST SP 800-34, Contingency Planning Guide for Information Technology Systems
- NIST SP 800-26, Security Self-Assessment Guide for Information Technology

Systems

- NIST SP 800-18, Guide for Developing Security Plans for Information Technology

Systems

- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- FIPS 200, Minimum Security Requirements for Federal Information and Information

Systems

- FIPS 199, Standards for Security Categorization of Federal Information and

Information Systems

- FIPS 191, Guideline for the Analysis of Local Area Network Security
- IEEE Std 829-1998, IEEE Standard for Software Test Documentation

The NORC Data Enclave IT Security Plan is fully compliant with the Federal Information Security Management Act, provisions of mandatory Federal Information Processing Standards (FIPS), and meets all of NIST's IT, data, system and physical security requirements. In addition to internal NORC confidentiality and ethics statements, all NORC Data Enclave employees must sign project specific Nondisclosure Agreements as specified in Commerce Acquisition Regulation (CAR) 1352.209-72, Restrictions against Disclosures.

NORC is in compliance with DOC IT Security Program Policy, section 4.5 and the NIST IT Security Management Handbook, including section 8.3 regarding policy on rules of behavior. The NIST Policy on IT Resources Access and Use must be followed for rules of behavior for this system.

The NORC Data Enclave is subject to the DoC IT Security Program Policy and Minimum Implementation Standards along with the IT security laws and federal regulations including:

- Public Law 107-347 E-Government Act of 2002 (FISMA included), Title V: Confidentiality Information Protection and Statistical Efficiency Act (CIPSEA).
- Public Law 200-253 Computer Security Act of 1987
- OMB Circular No. A-130 , Appendix III, Security of Automated Information Resources
- Department of Commerce Administrative Orders and
- NIST Administrative Manual Chapter 11.02 and the NIST IT Security

DATA VALIDATION

Question: My file has structural and profile, ad hoc, or exemption level issues. Which should I clear first?

Answer: Structural validation issues should always be resolved first because they cannot be overridden through the portal. The only way to clear a structural issue is to resubmit a corrected file. When a file contains structural issues (i.e. a field is too long) subsequent validations may be inaccurate. By resolving structural errors first, other validations can be successfully performed and may clear up issues for you.

Question: My file has a structural issue saying the row is too long. Why?

Answer: Do not include an extra asterisk (*) at the end of a row or the validation system will detect it as an extra field and cause a structural failure on the file. Do not submit anything longer than required field length or it will cause a validation issue.

Question: My file is getting validation issues for some codes that I believe are correct.

Answer: If the codes in question are numbers confirm whether or not the standard requires a leading zero to be included. If the code does not match the standard exactly it will not be accepted. The one exception is for MC038, DC031, and PC025 for which codes with leading zeros and without leading zeros will be accepted.

Question: My company has a new validation or code list to submit. Where do I send it?

Answer: Please send all payer specific code lists to the Help Desk mhdohelp@hsri.org.

Question: Is there a one-to-one correspondence with the company suffixes and their collection of submitter codes? How will you know which Validation Profile to use to validate my files?

Answer: Every file submitted has a header record with one payer ID. The payer ID includes the suffix, null or other. The system will look at that record and select the corresponding Validation Profile to use.