



Delaware Health Information Network
Health Care Claims Data Base
DATA SUBMISSION AND USE AGREEMENT

ADDENDUM ONE
Data Submission Guide

DHIN HCCD Contact Information
info@dhin.org

VERSION 0.2 June 12, 2017

Table of Contents

1	Data Submission Requirements	3
1.1	<i>General Information</i>	
1.2	<i>Data to be Submitted.....</i>	
2	File Submission Methods	5
3	Submission Schedule	5
3.1	<i>Initial Data Submissions.....</i>	
3.2	<i>Ongoing Data Submission.....</i>	
4	Data Quality Requirements.....	6
4.1	<i>Required Data Elements</i>	
4.2	<i>Data Validation.....</i>	
4.3	<i>Overrides and Exceptions.....</i>	
5	File Format	6
5.1	<i>Format Guidelines.....</i>	
5.2	<i>File Naming Convention.....</i>	
5.3	<i>Data Element Types</i>	
6	Exhibit A - Data Elements.....	9
6.1	<i>Member Eligibility Data</i>	
6.2	<i>Medical Claims data</i>	
6.3	<i>Pharmacy Claims Data.....</i>	
6.4	<i>Provider Data.....</i>	
7	Lookup Tables.....	57
7.1	<i>B.1.A Insurance Type.....</i>	
7.2	<i>B.1.B Relationship Codes.....</i>	
7.3	<i>B.1.C Discharge Status</i>	
7.4	<i>B.1.D Type of Bill (Institutional claims ONLY).....</i>	
7.5	<i>B.1.E Place of Service</i>	
7.6	<i>B.1.F Claim Status</i>	
7.7	<i>B.1.G Present on Admission Codes.....</i>	
7.8	<i>B.1.H Dispense as Written Code.....</i>	
7.9	<i>B.1.I Benefit Coverage Level.....</i>	

1 Data Submission Requirements

1.1 General Information

- 1.1.1 Introduction: The purpose of this document is to provide detailed information to Reporting Entities about how to prepare and submit Claims Data to the HCCD. Data submissions detailed below will include eligibility, medical claims, pharmacy claims, and provider data (Health Care Data). Field definitions and other relevant data associated with these submissions are specified in Exhibit A.
- 1.1.2 All definitions in this document shall be the same as those contained in the HCCD rule at DE ADC 1-100-103.2.0 and shall supersede the definitions in this document
- 1.1.3 This Submission Guide applies to both Mandatory Reporting Entities and to Voluntary Reporting Entities. Some data elements pertain only to voluntary lines of business and are marked with a “(V)” in the “Required” column. This information is provided to facilitate accurate data submission and is not intended to expand authority conveyed in legislation or rule.
- 1.1.4 Registration: All Reporting Entities shall provide two points of contact to the HCCD Administrator for each line of business required to submit files to the HCCD:
- Technical lead who is responsible for file production and submission
 - Regulatory compliance officer
- 1.1.5 Additional Documentation: Each Reporting Entity must submit a data dictionary mapping internal system data elements to the data elements defined in this DSG. The documentation should include a detailed description of how the data extracts are created and how the requirements of this DSG and the rule are accomplished, including specifications on what data is being excluded and the parameters that define that excluded data.

1.2 Data to be Submitted

1.2.1 Claims Data Generally

- 1.2.1.1 Any claim adjudicated during the reporting period should be included in the submitted file. Actions include payment, adjustment or other modification. Claims that have been “soft” denied (denied for incompleteness, incorrect or other administrative reasons) which the data supplier expects to be resubmitted upon correction, do not have to be submitted until corrections have been completed and the claim paid.
- 1.2.1.2 Each submitted data file shall have control totals and transmission control data as defined in the Header and Trailer Record for each defined file. (see Exhibit A for specific formats).

- 1.2.1.3 Reporting Entities shall provide documentation prior to submitting data files that describes how an original claim may be linked to all subsequent actions associated with that claim (see Exhibit A-2 for specifics).
- 1.2.2 Claims Data: Reporting Entities shall report information for all Members, as follows:
 - “**Member**” means individuals, employees, and dependents for which the Reporting Entity has an obligation to adjudicate, pay or disburse claims payments. The term includes covered lives. For employer-sponsored coverage, Members include certificate holders and their dependents. This definition includes members of the State Group Health Insurance Program regardless of state of residence.”

Claims Data shall contain the following types of information:

- 1.2.2.1 Medical Claims: Reporting Entities shall report adjudicated paid claims and encounters for all Members for all covered services provided in all care settings, including but not limited to inpatient, outpatient, professional, therapies, home health, rehabilitative and skilled nursing facility care, durable medical equipment, medical transportation and medical devices.
- 1.2.2.2 Pharmacy Claims: Reporting Entities shall report all paid pharmacy claims for prescriptions dispensed to Members.
- 1.2.2.3 Member Eligibility Data
 - 1.2.2.3.1 Reporting Entities must provide a data set that contains information on every Member whether or not the Member utilized services during the reporting period. The file must include member identifiers, subscriber name and identifier, member relationship to subscriber, residence, age, race, ethnicity and language, and other required fields to allow retrieval of related information from pharmacy and medical claims data sets.
 - 1.2.2.3.2 Reporting Entities must flag whether the coverage is primary or secondary using ME028.
- 1.2.2.4 Provider Data
 - 1.2.2.4.1 Reporting Entities must provide a data set that contains information on every provider for whom claims were adjudicated during the targeted reporting period.
 - 1.2.2.4.2 In the event the same provider delivered and was reimbursed for services rendered from two different physical locations, then the provider data file shall contain two separate records for that same provider reflecting each of those physical locations. One record shall be provided for each unique physical location for a provider.
- 1.2.3 Coordination of Submissions: If the Reporting Entity subcontracts with a pharmacy benefits manager or any other organization that manages claims for its Members, the Reporting Entity shall be responsible for ensuring that complete and accurate files are

submitted to the HCCD from its subcontractors. The Reporting Entity shall ensure that the Member information on the subcontractor’s file(s) is consistent with the Member information on the Reporting Entity’s eligibility, medical claims and prescription drugs files. The Reporting Entity shall include utilization and cost information for all services provided to members under any financial arrangement, including subcapitated, bundled and global payment arrangements.

2 File Submission Methods

2.1. SFTP Information: The HCCD shall provide information to each Reporting Entity regarding a secure file submission methodology and access.

3 Submission Schedule

3.1 Initial Data Submissions

Reporting Entities shall follow the Submission Schedule set forth in the HCCD Regulations. The information in this Section 3 is provided to assist in planning. The submission schedule contained in the final HCCD Regulations, Attachment A, supersedes the dates listed below.

3.1.1 Test Files

Reporting Entities shall submit one month of Required Claims Data files containing Member, Claims, Prescription Drugs and a sample of Provider data not more than 180 days after the effective date of this rule or as otherwise approved by the HCCD Administrator.

3.1.2 Historical Files

Reporting Entities shall submit Required Claims Data files for calendar years 2013, 2014, 2015 and 2016 that conform to file formats on the 181st day after the effective date of this rule.

3.1.3 Partial year submission

Reporting Entities shall submit Claims Data files for calendar 2017 and for claims adjudicated in the elapsed months of calendar 2018, as directed by the HCCD Administrator, no later than May 1, 2018.

3.2 Ongoing Data Submission

Reporting Entities shall submit monthly files containing claims paid and encounters adjudicated during the prior calendar month within 30 calendar days of the last day of the following month. The schedule for this submission is provided below and will continue in similar format in subsequent years. Submission dates falling on a weekend or legal holiday are extended to the next following business day.

Submission Due to HCCD	Claims and Eligibility Begin Date	Claims and Eligibility End Date
By January 1	November 1	November 30
By February 1	December 1	December 31
By March 1	January 1	January 31
By April 1	February 1	February 28/29

By May 1	March 1	March 31
By June 1	April 1	April 30
By July 1	May 1	May 31
By August 1	June 1	June 30
By September 1	July 1	July 31
By October 1	August 1	August 31
By November 1	September 1	September 30
By December 1	October 1	October 31

4 Data Quality Requirements

4.1 Required Data Elements

The data elements in Exhibit A provide, in addition to field definitions, an indicator regarding required data elements. A required data element must contain a value unless the HCCD approves an override requested by the Reporting Entity. A data element marked as “R” means that a percentage of all records must have a value in this field based on the expected frequency that this data element is available. Data files that do not achieve this threshold percentage for that data element may be rejected or require follow up prior to load into the HCCD. A data element marked as “O” is an optional data element that should be provided when available, but otherwise may contain a null value.

4.2 Data Validation

Data validation and quality edits will be developed in collaboration with Reporting Entities and refined as test data and production data is brought into the HCCD. Data files missing required fields, or when claim line/record line totals do not match, may be rejected on submission. Other data elements will be validated against established ranges as the database is populated and may require manual intervention to ensure the data are correct. Each Reporting Entity will need to work interactively with the HCCD Administrator to develop data extracts that achieve validation and quality specifications. This is the purpose of test data submissions early in the implementation process.

4.3 Overrides and Exceptions

Overrides may be granted, at the discretion of HCCD Administrator, for specific file attributes that cannot be corrected by the Reporting Entity due to system limitations.

5 File Format

5.1 Format Guidelines

All files submitted to the HCCD will be formatted as standard text files. Text files must comply with the following standards:

- 5.1.1 One line item per row. No single line item of data may contain carriage return or line feed characters.
- 5.1.2 All rows delimited by the carriage return + line feed character combination.
- 5.1.3 All fields are variable field length, delimited using the pipe character (ASCII=124). It is imperative that no pipes ('|') appear in the data itself. If your data contains pipes, either remove them or discuss using an alternate delimiter character.
- 5.1.4 Text fields are *never* demarcated or enclosed in single or double quotes. Any quotes detected are regarded as a part of the actual data.
- 5.1.5 The first row *always* contains the names of data columns.
- 5.1.6 Unless otherwise stipulated, numbers (e.g. ID numbers, account numbers, etc.) do not contain spaces, hyphens or other punctuation marks.
- 5.1.7 Text fields are never padded with leading or trailing spaces or tabs.
- 5.1.8 Numeric fields are never padded with leading or trailing zeroes.
- 5.1.9 If a field is not available, or is not applicable, leave it blank. 'Blank' means do not supply any value at all between pipes (including quotes or other characters).

5.2 File Naming Convention

All files submitted to the HCCD shall have a naming convention developed to facilitate file management without requiring access to the contents.

All files names will follow the template:

TESTorPROD_Reporting EntityID_PeriodEndingDateFileTypeVersionNumber.txt

a. Examples

- i. TEST_0000_201606MEv01.txt
- ii. PROD_0000_201606MEv02.txt

- TESTorPROD – TEST for test files; PROD for production files
- Reporting EntityID – This is the Reporting Entity ID assigned to each submitter
- Period ending date expressed as CCYYMM (four-digit calendar year and two-digit month; for example, 201403 indicates a March 2014 end date).
- File Type – Member Eligibility (ME), Medical Claims (MC), Pharmacy Claims (PC), Provider (MP),
- 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 HCCD will not accept files that have the same name as an existing file.
- File extension (.txt)

5.3 Data Element Types

date – date data type for dates from 1/1/0001 through 12/31/9999

int – integer (whole number)

decimal/numeric – fixed precision and scale numeric data

char – fixed length non-unicode data with a max of 8,000 characters

varchar – variable length non-unicode data with a maximum of 8,000 characters

text – variable length non-unicode data with a maximum of $2^{31} - 1$ characters