NYS All Payer Database 2019 Stakeholder Meeting

October 16, 2019
Empire State Plaza, Albany, New York
Today’s Agenda

Welcome and Purpose of Meeting
Opening Remarks
All Payer Database Update
Overview of the OSDS Project
Lunch and Networking
OSDS Technical Sessions
Closing Remarks

Meeting Materials
- Information Sheet
- PowerPoint Slide Deck
- Speaker Biographies
- Attending Organizations
- Index Comment Cards

https://nyshc.health.ny.gov/web/nyapd/stakeholder-meetings
Purpose of the Annual Stakeholder Meeting

• Bring together internal and external stakeholders of the NYS APD for an update on:
  • Progress
  • Current status
  • Future plans
• Elicit feedback and engagement from participants
Who’s here today?

- Consumers
- Researchers
- Academics
- Organizations
- Issuers
- Vendors
- Government

Please refer to “Attending Organizations” for a detailed list of who registered for today’s forum.
Meeting Logistics and Reminders

- There is a 1 hour break for lunch and networking
- Please silence cell phones and electronic devices
- Please limit side conversations during presentations
- Phone lines will be muted throughout today’s meeting
- If WebEx participants have any difficulty hearing today’s presenters, please use the Chat function to let organizers know
All Feedback Welcome!

- Index cards are available on the tables for written feedback
- Please add cards to the designated wall area
- WebEx attendees can submit feedback via the Chat function
Opening Remarks
Anne Schettine, Director
Office of Quality and Patient Safety
All Payer Database Project Update
All Payer Data System: At a Glance

The All Payer Data (APD) system facilitates a new era of cutting-edge population health research in New York State to achieve better care for patients, lower costs, and healthier communities.

**Focusing on New Yorkers**

The APD system will be the most complete set of data about New Yorkers, accelerating understanding of population health.

**Exploring Variation in Health Care**

New York is diverse in population, providers, and geography. The APD system will provide data driven findings on variations in patient outcomes, utilization, price, quality, and safety.

**Improving the Quality of Patient Care**

Providing high-quality, patient-centered, effective care improves health outcomes. The APD system will provide quality score cards, evidence-based performance measures, and actionable information to improve care.

**Informing Consumers & Care Givers**

Health care is changing rapidly and New Yorkers need reliable information to make choices right for them. The APD system will power dashboards, infographics, and other tools to support consumer empowerment.
All Payer Data System: At a Glance

The All Payer Data (APD) system facilitates a new era of cutting-edge population health research in New York State to achieve better care for patients, lower costs, and healthier communities.


15 Million New Yorkers
The number of health care experiences captured each year.

1 Billion Medical, Pharmacy, Dental Claims
The volume and type of data collected each year.

600+ Quality Measures
Advanced analytics enables the APD to expand quality reporting.

500,000 users a year
Are empowered with information from HDNY, Health Profiles, & NYS Health Connector.
Setting the Vision
- Selected data warehousing/analytic vendor
- Contract signed and executed
- Secured ACA grant, Medicaid matching, & state funding
- Held design & requirements sessions
- Started data acquisition for QHP

Developing the Building Blocks
- Published APD regulations & guidance manual
- Approved by IRB as research system
- Held design & requirements sessions
- Build & testing phases
- Developed Master Indexes (Patient/Provider)
- Internal soft releases of APD Analytics Portal & Operational Data Store (ODS)
- Started data acquisition for Essential Plan (EP)

Strengthening the Core
- Published APD regulations & guidance manual
- Approved by IRB as research system
- Held design & requirements sessions
- Build & testing phases
- Developed Master Indexes (Patient/Provider)
- Internal soft releases of APD Analytics Portal & Operational Data Store (ODS)
- Started data acquisition for Essential Plan (EP)

Realizing the Vision
- Collecting & integrate commercial data
- Expanding of DOH users
- Releasing additional functionality
- Expanding research agenda
- Expanding consumer tools
- Creating APD work groups

Aiming Higher
- Develop sustainability plan
- Integration with other data systems/sources
All Payer Data (APD) System

Data Intake & Acquisition

Data Warehousing & Enrichment

Research & Analytics

Data Access, Release & Products
Main APD Components

1. Data Intake & Acquisition
   - Member Coverage
   - Issuer, Plan, & Provider Data
   - Claims & Encounters
   - Hospital Discharge Data
   - Vital Event Data
   - Non Claim Based Data

2. Warehousing & Enrichment
   - Master Patient Index
   - Master Provider Index
   - Groupers: Symmetry; AHRQ; 3M DRGs
   - Address Standardization & Geocoding
   - Reference File Augmentation

3. Research & Analytics
   - Quality Measurement & Patient Safety
   - Population Health
   - Service Utilization
   - Cost/Price Transparency

4. Data Access, Release & Products
   - APD Analytic Portal (DOH staff)
   - NYS Health Connector (publicly available)
   - Data Products (Research Briefs, Benchmarks, Research Findings)
   - Data Release Options
Data Intake & Acquisition
SPARCS Data Submission System

**Current State**
(May 2018 – October 2019)

- SPARCS data submission system operational since March 2018
- 410 Article 28 facilities submitting data

**Future State**
(November 2019 – November 2020)

- Ensure submission compliance
- Identify and assist submitters experiencing barriers to submission
- Monitor data quality
Encounter Intake System (EIS) Submission

**Current State**
(May 2018 – October 2019)

- EIS submission has been in operation since 2015
- Approx. 50 insurers submitting data
- Lines of business include:
  - Medicaid Managed Care (MMC),
  - Qualified Health Plan (QHP),
  - Child Health Plus (CHP), and
  - Essential Plan (EP) encounters

**Future State**
(November 2019 – November 2020)

- Migration of EIS submitters to Original Source Data Submitter (OSDS) system for encounter data reporting
Original Source Data Submitter (OSDS) System

**Current State**
(May 2018 – October 2019)
- Project started September 2018
- Requirements gathering
- Convened stakeholder informational webinars and break-out sessions
- Published guidance material
- Conducted an Issuer readiness survey
- Completed security workbooks

**Future State**
(November 2019 – November 2020)
- System Testing
- System Launch to Production
- Post-production monitoring
Connecting Data Over Time

**Member Coverage Data**
- Medicaid (MMC & FFS), Medicare (FFS & Managed Care), Qualified Health Plan, Essential Plan, Child Health Plus, **Private/Commercial Plans**

**Issuer/Plan Data**
- Any off-exchange contracts Medicaid/CHP/EP offers; NYSOH plan binder data; all Issuers (on-exchange and encounter intake data submitters)

**Provider Data**
- National Plan and Provider Enumeration System (NPPES), NYS Provider Network Data System (PNDS), NYS Health Facilities Information System (HFIS)

**Encounter/Claims Data**
- Medicaid (MMC & FFS), Medicare (FFS)/Medicare Advantage, Qualified Health Plan, Essential Plan, Child Health Plus, **Private/Commercial Plans**

**Hospital Discharge Data**
- More than 400 submitting Article 28 Permanent Facility Identifiers (PFI)

**Public Health Registry Data**
- Vital Event Mortality Data, **Vital Event Birth Data**, and in discussion with other DOH registries

**Non-Claims Data**
- Electronic Health Record data (SHIN-NY), functional assessment data, survey data, social determinants of health data
Data Warehousing & Enrichment
SPARCS Data Model

**Current State**
(May 2018 – October 2019)

- SPARCS data model in operation since April 2018
- 14 table relational structure
- Known data defects are being addressed as part of data intake remediation plan (e.g., duplicate claims, active/inactive flags)

**Future State**
(November 2019 – November 2020)

Provides streamlined data enhancements and routines to support business needs

- Enhanced SPARCS/Vital Statistics linking
- Enhanced geocoding
Consolidated All Payer Data Model

**Current State**
(May 2018 – October 2019)

- Member Data (2014 to Q2 2018)
  - Medicaid, QHP, EP, CHP, Medicare, SPARCS, and VS Mortality Data
- Issuers/Plans (2014 to Q2 2018)
  - Medicaid, QHP, EP, CHP, and Medicare
- Claims (2014 to Q2 2018)
  - Medicaid, QHP, EP, and CHP
- Provider Data (2014-2016)
  - Medicaid, PNDS, NPPES, HFIS, and Licensure Data

**Future State**
(November 2019 – November 2020)

Broadens and refines representation of NYS population health through the addition of lines of business

- Bring all data current to 2019
- Integration of:
  - Medicare FFS claims, members, issuer/plan data
  - Commercial claims, members, issuer/plan data
Analytic Data Marts (ADMs)

**Current State**
(May 2018 – October 2019)

Planning & Development

- Population Health ADM
- SPARCS ADM
- Perinatal Quality ADM
- Annual Quality ADM

**Future State**
(November 2019 – November 2020)

Simplifies access across DOH to data and analytics

- Population Health ADM
- SPARCS ADM
- Perinatal Quality ADM
- Annual Quality ADM
Data Enrichment – Master Data Management

**Current State**  
(May 2018 – October 2019)

- **Current Member:**  
  - Medicaid, CHP, EP, QHP, VS  
  - Mortality and Historic SPARCS data
- **Development Member:**  
  - Medicare, SPARCS Modernization
- **Planning Member:**  
  - OSDS 834 files  
  - Perinatal Data
- **Current Providers:**  
  - NPPES, PNDS, Medicaid, HFIS, and Licensure
- **Development Providers:**  
  - NYS Provider Directory

**Future State**  
(November 2019 – November 2020)

- Improves capability to conduct longitudinal analyses for population health research
  - Medicare data integration
  - SPARCS data integration
  - Vital statistics birth and death integration
  - Commercial data integration

Estimated **15 million New Yorkers** represented by June 2020

Estimated **10 to 11 million New Yorkers** represented by November 2019
Data Enrichment – Geocoding Standardization

**Current State**
(May 2018 – October 2019)

- Address standardization
- Geocoding at highest level
- Geographic attribution to align with security protocols
- Inclusion of shape files and geocoding supporting analysis at:
  - Zip Code
  - Regions
  - Counties
  - School Districts
  - Congressional Districts
  - Census Tracts
  - Block Group
  - Block

**Future State**
(November 2019 – November 2020)

Improves identity protection, supports internal researchers population health research at a variety of geographic levels

- Geographic Attributes and Shape Files to support Public Health ADM
- Geocoding of Historic SPARCS data to align with APD standards
- Deployment of centroid level geocoding to further support analytics and visualizations
Analytics & Research /
Data Access, Release & Products

3/4
Achieving Population Health

- Service Utilization & Outcomes Research
- Quality Measurement
- Population Health Research
- Cost of Care
- Patient Safety
Data Enrichment – Grouper Application

**Current State**
(May 2018 – October 2019)

- Validation of Symmetry Suite
- Refinement of All Payer Single Input File
- Validation of EBM Connect with Medicaid DSRIP QM
- Formed internal DOH workgroup on Episode Treatment Groups (ETGs)
- On load grouping of 3M DRGs and AHRQ CCS

**Future State**
(November 2019 – November 2020)

Improves capability to access and connect quality measurement and risk scores to members, providers, claims

- Investigate new HCUP/AHRQ CCSR release
- DOH internal workgroup/ETGs

---

**Optum Symmetry Suite (EBM, ETG, ERGs)**

- HCUP/AHRQ Clinical Classification Software (CCS)
- 3M™ APR & MS Diagnosis Related Groups (DRGs)
The Symmetry Suite in the NYS APD

- **Receive Client Data**
  - Enrollment
  - Medical claims
  - Pharmacy claims
  - Other data sources*

- **Analytic Processing**
  - Symmetry
  - EBM Connect

- **Flexible Flat File Outputs**

---

*Other data sources can include labs, provider identifiers, etc.

ETG: Episode Treatment Groups
ERG: Episode Risk Groups
EBM Connect: Evidence-Based Medicine Connect
Symmetry EBM
Evidence-Based Medicine Connect for Quality Measurement

1. Benchmarks

2. Risk Groups

3. Predictive Modeling

4. Population Health

Symmetry ETG
Episode Treatment Groups for Cost & Utilization Management

Drill downs to Episode Treatment Group(ETG) conditions
Cost & Price Transparency

- APD has statutory authority to collect payment information
- Prior to public release of payment data, APD will conduct extensive quality control and validation
- Release of data must adhere to applicable state and federal laws, regulations, and policies

### Payment Data Stored in the APD by APD Data Source

<table>
<thead>
<tr>
<th>APD Data Source</th>
<th>Amount Allowed</th>
<th>Charge</th>
<th>Amount Paid</th>
<th>Co-insurance / Co-payment</th>
<th>Deductible</th>
<th>Sub-Capitated Proxy Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPARCS</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare FFS</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Medicaid FFS</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Medicaid &amp; Child Health Plus</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Qualified Health Plan</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Essential Plan</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** Amount Paid, Co-insurance/Co-Payment and Deductible may all include other insurance Coordination of Benefits (COB). Facility submitted and audited Ratio of Cost to Charges (RCC) is applied to SPARCS charges to estimate facility costs.

Pharmacy payment information also includes ingredient costs and dispensing fees.
APD Analytic Portal

**Current State**
(May 2018 – October 2019)
- 50+ SPARCS & VS Tableau reports
- Training schedule
- Meta Data Manager
- Documentation

**Future State**
(November 2019 – November 2020)
Provides visualizations for a wider audience of DOH staff in support of business needs
- Annual Report Generator 2.0
- QHP specific data visualizations
- Quality measurement visualizations
- Perinatal quality visualizations
Available Now

- Suicide and Self Harm
- Cost and Volume of Procedures
- ED Utilization
- Tracking the Flu
- Adolescent Obesity
- Measles Tracker

Next Releases

- Health Plan Quality Compare (11/19)
- Provider Directory (2/20)
Emergency Department Visits in New York State

While it is not possible to eliminate every ED visit that could have been treated in a different setting, New York State can move closer to achieving the triple aim of better care, higher quality, and lower costs by reducing just a fraction of these visits. This dashboard includes calculations that estimate whether an ED visit for certain conditions could have been avoided with adequate access to care, care coordination, or patient monitoring.

Suicide and Self-Harm

A self-inflicted injury occurs when a person intentionally harms themselves. These injuries can be suicide attempts but may also not have suicidal intent. In NYS, self-inflicted injuries were the leading cause of injury-related hospitalizations among those 15-24 years old, and the second leading cause overall. In 2016, suicide was the second leading cause of death due to injury in New York State, resulting in 1,671 deaths.
Measles Watch

Measles can be dangerous if you are not vaccinated. Best protection? Get vaccinated. This dashboard connects you to the facts about measles and gives you the latest outbreak counts by county.

Read More

Commercial Health Plan Quality Comparison Tool

Scheduled for November 2019

Step 1: Click a county to see a list of available health plans

Step 2: Click to select up to 3 health plans to compare

Region
- Central
- Hudson Valley
- Long Island
- Northeast
- NYC
- Western

GHI (EmblemHealth)

Overall Rating: 1 out of 5

MVP Preferred PPO

Overall Rating: 3 out of 5

UnitedHealthCare Insurance Company of New York Inc.

Overall Rating: 4 out of 5

How are NYS Health Plans Performing?

Each year, millions of New Yorkers are offered health insurance plan options through their employer. Employees are presented with choices of health plans. How well the health plan performs is important in decision-making.

This dashboard shows health plan overall performance and lets you compare plans.

Read More
APD Innovation Areas
Consumer Empowerment

- Will allow New Yorkers to find relevant health information more easily using plain language searches

- Will support answering questions or directing consumers to reliable information on a range of topics:
  - price, quality, networks, for doctors, hospitals, and health insurers

- Will train, refine, and launch a beta version of the chatbot on the Health Connector in December 2020

- Supported by grants from CMS and the New York State Health Foundation, working with HonestHealth
NYS Provider Directory
New York State’s Implementation of the Federal Validated Healthcare Directory Interoperability Initiative
Provider Data Challenges
The “Why” Behind the Initiative

- Existing directories are managed independently, resulting in discordant information which is not interoperable
- As such, provider data have been challenging to manage, merge, and evaluate across systems
- This lack of consistent definition for provider entity types has led to ambiguity and impacted analytic groupings
- Additionally, the fluidity of provider relationships and inconsistent use of identifiers has resulted in confusing outcomes and relationships
- **Objectives include:** to develop a broad set of validated provider data to support a variety of health directory needs, interoperability, and reduce provider burden
NYS APD Provider Directory
Offering Validated Provider Data Through APIs

• A Validated Healthcare Directory
  • Puts forward cleansed, standardized, and validated provider data for use by all via API
  • Drives interoperability by fixing data at a systems level

• API available on the NYS Health Connector
  • Uses HL7 FHIR VHDIR API with ONC & FHA standard
  • Q1 Calendar Year 2020

• Initial Scope
  • Directory data elements will focus on
    • Practitioners, Organizations, Locations, Practitioner Roles, Networks, Insurance Plans, Validation, Healthcare Services, Organization Affiliations
The Backbone of Interoperability

**Current State**
(May 2018 – October 2019)

- CMS NPPES
- NYS Medicaid
- NYS PNDS
- NYS HFIS
- NYS Licensure

**Future State**
(November 2019 – November 2020)

- 630+ data sets including:
  - Urgent Care Centers
  - PECOS
  - NYS Office Based Surgery
  - NYS PNDS
  - NYS HFIS
  - NYS OASAS Articled Facilities
  - NYS OMH Articled Facilities
  - NYS Physicians Profiles
  - National Sanctions
  - National Licensure
  - National Accreditation
  - Office & Practice Outreach
  - License Pharmacies
  - Medicare ACOs
  - Vaccination Locations
  - CLIA
Provider Directory Practitioner Role

- An individual’s role and healthcare services provided
- Locations
- Availability
- Specialty(ies)
- Networks
- Identifiers
- Accepting/Not Accepting New Patients
- Organizations the role is performed with
- Practitioner demographics
- And more...
Provider Directory Organization & Network / Insurance Profiles

Organization Profile
- **Highlights:** Qualifications, Descriptions, Insurance Plans Offered to Employees, and More
- **Entities:** Corporations, Companies, Healthcare Practices, and Community Groups Amongst Others
- **Relationships:** Amongst Other Organizations, with Insurance Plans, Networks, and Practitioners

Insurance Plan Profile
- **Highlights:** Coverage Type, Benefits, Costs, and More
- **Relationships:** Employers, Organizations, Payers, Administrators, and Practitioners
Practitioner Role VHDIR API Query Response
Sample of Validated Results for: Organization.name: MRI imaging of Garden City

```
{
  "resourceType": "Bundle",
  "type": "collection",
  "entry": [ {
    "fullType": "urn:uuid:7ae4d12102ea5f41ab18a6385fc6ed6c138f6173e6699bb3077f7a2190073e4d",
    "resource": {
      "resourceType": "PractitionerRole",
      "id": "a58edc820e64f6b18e60f76e35a0e9f6173e6699bb3077f7a2190073e4d",
      "meta": { "profile": ["http://hl7.org/fhir/vhd/StructureDefinition/vhdir-PractitionerRole"],
        "status": "active",
        "type": [ { "coding": [ { "system": "http://aperturecvo.com/fhir/extensions/vhdir/pid/locationType",
          "display": "HealthCareFacility",
        } ] } ],
        "telecom": [ { "system": "phone",
          "value": "+1 516-794-2244"
        } ],
        "address": [ { "line": ["1103 Stewart Ave Ste 104"],
          "city": "Garden City",
          "state": "NY",
          "postalCode": "11530"
        } ],
        "position": { "longitude": -73.594184,
          "latitude": 40.735784
        } ]
    }
  }]
}
```

Organizations
Locations
Practitioner Role
Location Information
Practitioner Role VHDIR API Query Response
Sample of Validated Results for: Organization.name: MRI imaging of Garden City
Provider Directory Roadmap

**Calendar Year Q1 Release**
- Production Deployment available on NYS Health Connector Including:
  - Practitioner
  - Organization
  - Location
  - Healthcare Services
  - Practitioner Role

**Calendar Year Q2 Release**
- Network
- Plan
- Organization Affiliation
- Validation

**Calendar Year Q3 Release**
- Improving Functionality
  - Sorting
  - Filtering
  - Advanced Queries

**Calendar Year Q4 Release**
- Expansion of Input Sources
- Alignment with upcoming Department and Federal Initiatives

2020

2021
APD Year 4 Strategic Objectives

- Collect & integrate commercial data
- Finalize integration of Medicare data
- Expand DOH state users
- Release additional functionality
- Expand research agenda
- Deploy APD Provider Directory via API on NYS Health Connector
- Expand NYS Health Connector dashboards
- Implement NYS Health Connector Chat Bot
- Create APD work groups
Overview of the Original Source Data Submitter (OSDS) Project
Statutory Authority for APD Data Submission

• **Public Health Law Section 2816** authorizes DOH to collect covered person data and claims data in its APD (“APD Data”)

• “**APD Data Submitters**” must submit complete, accurate, and timely data to the APD

• Includes third-party health care payers as defined by **DOH regulation at 10 NYCRR Section 350.1**, means an insurer, organization, or corporation licensed or certified pursuant to:
  • Article 42, 43, or 47 of the Insurance Law; or
  • Article 44 of the Public Health Law; or
  • An entity, such as a pharmacy benefits manager, fiscal administrator, or administrative services provider that participates in the administration of a third-party health care payer system, including any health plan under 42 USC § 1320d

• ERISA plans that operate in NYS may participate as voluntary data submitters
OSDS Project Scope

• Support the required functions of the NYS APD by expanding the collection of member roster and encounter data to commercial products not offered through NY State of Health (“off-exchange commercial”)

• Consolidate all payer encounter data collection to a single platform

• Allow for the collection of Medicare Part C members and encounters

• Voluntarily collect ERISA/self-insured plan members and encounters
The OSDS Project Also Includes…

• Mechanisms to receive enrollment data from NY State of Health and eMedNY for validation of encounter data collection
• Tier 2 Editing
• Volume testing prior to system transition
• Training and a Help Desk for OSDS data submitters
Key Stakeholders for OSDS Project

<table>
<thead>
<tr>
<th>DOH OQPS</th>
<th>DOH OHIP</th>
<th>NY State of Health</th>
<th>Department of Financial Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optum</td>
<td>NYSTEC</td>
<td>Data Consuming Entities</td>
<td>Data Submitters</td>
</tr>
</tbody>
</table>
APD Data Submitters At a Glance

• 63 unique Issuers will submit to the OSDS when it goes live in Spring 2020
• 4 Third Party Administrators (TPAs) will represent some of these Issuers
• 50 unique Issuers will be migrating from the EIS for encounter data reporting
  • 42 Issuers (84%) will submit Medicaid Managed Care
  • 16 Issuers (32%) will submit Essential Plan
  • 20 Issuers (40%) will submit Qualified Health Plan
  • 15 Issuers (30%) will submit Child Health Plus
  • 20 Issuers (40%) will submit off-exchange commercial member and encounter data
• There will be 9 new commercial off-exchange Issuers that will be first time reporters for member roster and encounter data
Project Time Frames

**System Design & Development**
September 2018 – December 2019

- Project Start Date: September 10, 2018
- Stakeholder Kick Off Meeting: November 29, 2018
- Requirement Validation: November 2018 – February 2019
- System Development: March 2019 – December 2019

**Issuer Testing**
January 2020 – April 2020

- System Integration Testing / QA Testing: July 2019 – April 2020
- Issuer Testing Begins: January 2020

**EIS Switchover / OSDS Operations**
May 2020 forward

- Estimated project go live: May 2020.
- OSDS project staff will work with Data Submitters on a production schedule
OSDS Reporting Requirements

<table>
<thead>
<tr>
<th>Payer</th>
<th>Member</th>
<th>Medical / Dental</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Managed Care</td>
<td>PACDR 837</td>
<td>NCPDP</td>
<td></td>
</tr>
<tr>
<td>Child Health Plus</td>
<td>PACDR 837</td>
<td>NCPDP</td>
<td></td>
</tr>
<tr>
<td>Essential Plan</td>
<td>PACDR 837</td>
<td>NCPDP</td>
<td></td>
</tr>
<tr>
<td>Qualified Health Plan</td>
<td>PACDR 837</td>
<td>NCPDP</td>
<td></td>
</tr>
<tr>
<td>Off-Exchange Commercial</td>
<td>834</td>
<td>PACDR 837</td>
<td>NCPDP</td>
</tr>
<tr>
<td>Medicare Part C</td>
<td>834</td>
<td>PACDR 837</td>
<td>NCPDP</td>
</tr>
<tr>
<td>ERISA/Employer-Based (Voluntary)</td>
<td>834</td>
<td>PACDR 837</td>
<td>NCPDP</td>
</tr>
</tbody>
</table>

- There is no change in reporting requirements for current EIS submitters; there is minimal change in submission requirements.
- Current EIS submitters will not submit 834 member roster data in OSDS for products other than off-exchange commercial.
- The OSDS infrastructure will receive weekly feeds of eMedNY and NYSOH member data for encounter data validation.
- Release notes between the EIS and OSDS are available in the NYS Health Connector OSDS Information Library.
A Broad Overview of the APD Data Submitter Solution

DOH Users

Original Source Data Submitters

HTTPS

Portal

Reports

Informatica

Medical/Dental Encounters and Enrollment

APD Portal

HTTPS

Analytics

All Payer Database

SFTP

834 X318
837 X298, X299, X300
NCPDP v4.2

Secure Electronic Communications Gateway (ECG)

History

Enrollee’s NYSCH Enrollment

Reference Data

MDW Extract (MC, CHP, EP)

Original Source Data Submitters

Response Files
## OSDS Data Submitter Agreements (DSA)

<table>
<thead>
<tr>
<th>APD Data Submitter (Payer)</th>
<th>Authority</th>
<th>OHIP / NYSOH TPA</th>
<th>OSDS Data Submitter Agreement (DSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Managed Care</td>
<td>Contract</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Essential Plan</td>
<td>Contract</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Qualified Health Plan</td>
<td>Contract</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Child Health Plus</td>
<td>Contract</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Commercial</td>
<td>Regulation</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Part C</td>
<td>Regulation</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>ERISA / Employer-Based Commercial</td>
<td>Voluntary</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Project goal is to have all DSAs on file prior to submitter testing on or before 12/31/2019
OSDS Project Documentation for APD Data Submitters

- Submitter Set-Up Instructions
- Training Materials
- Helpdesk
- Questions and Answers
- Other Knowledge Articles developed as needed

- Companion Guide: 834 Plan Member
- Companion Guide: PACDR 837
- Companion Guide: NCPDP
- Companion Guide: Data Submitter
- Tier 2 Edit Disposition Matrix
- NYS Health Connector OSDS Information Library
  - Informational WebEx Materials
  - Change Log Tier 2 Edit Disposition Matrix
  - EIS to OSDS Migration Release Notes
## EIS to OSDS Migration At A Glance*

<table>
<thead>
<tr>
<th>#</th>
<th>EIS</th>
<th>OSDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TPA as part of Contract</td>
<td><strong>Data Submitter Agreement</strong>: TPA as part of Contract remains in effect</td>
</tr>
<tr>
<td>2</td>
<td>EDI Registration with GDIT/CSRA</td>
<td>EDI Registration <strong>with Optum</strong></td>
</tr>
<tr>
<td>3</td>
<td>SFTP Connection with GDIT/CSRA</td>
<td>SFTP Connection <strong>with Optum</strong></td>
</tr>
<tr>
<td>4</td>
<td>Collect all encounter data</td>
<td>Collect all encounter data &amp; <strong>Off-Exchange Commercial Member Roster</strong></td>
</tr>
<tr>
<td>5</td>
<td>Medicaid and CHP transactions combined</td>
<td>Medicaid and CHP transactions <strong>separated</strong></td>
</tr>
<tr>
<td>6</td>
<td>Processes 837, NCPDP Transactions</td>
<td>Processes 837, NCPDP, <strong>834 X318</strong> Transactions</td>
</tr>
<tr>
<td>7</td>
<td>Provides Tier 1 &amp; 2 Editing</td>
<td>Provides Tier 1 &amp; 2 Editing with <strong>additions, changes and removals</strong></td>
</tr>
<tr>
<td>8</td>
<td>Sends Standard X12 responses: TA1, 999, 277CA responses</td>
<td>Sends Standard X12 responses: TA1, 999, <strong>277DRA</strong> responses</td>
</tr>
<tr>
<td>9</td>
<td>Proprietary responses:</td>
<td>Proprietary responses:</td>
</tr>
<tr>
<td></td>
<td>NCPDP: RxTA, RxFA, RxCA.</td>
<td>NCPDP: <strong>RJ, RxTA, RxFA, RxCA</strong></td>
</tr>
<tr>
<td></td>
<td>X12: 837 RJ</td>
<td><strong>X12: 837 RJ, 834 RJ, 834 RL</strong></td>
</tr>
<tr>
<td>10</td>
<td>Issuer Portal - CSRA/GDIT Connection</td>
<td>Data Submitter Portal through <strong>NY.Gov</strong> Connection</td>
</tr>
<tr>
<td>11</td>
<td>Issuer Portal Summary Reports in Excel</td>
<td>Data Submitter Portal Summary Reports in Excel using <strong>Tableau</strong></td>
</tr>
<tr>
<td>12</td>
<td>Test Environment is Not Secure – No PHI or Member data can be submitted</td>
<td>Test Environment <strong>Secure - PHI and Member Data can be submitted</strong></td>
</tr>
</tbody>
</table>

*Full Release Notes Available at: https://nyshc.health.ny.gov/web/nyapd/information-library*
External Communication

Direct Link: https://nyshc.health.ny.gov/web/nyapd/apd-osds

Data Submitters

APD EIS

APD OSDS

Project News
Guidance Manuals
Information Library
Questions and Answers
Stay Connected

SPARCS

APD OSDS

The Original Source DataSubmitter (OSDS) system is currently being developed to collect medical, dental and pharmacy encounter data and off-exchange commercial member data. The OSDS, once fully developed, will replace the EIS for the collection of encounter data. This section will be updated frequently as the OSDS system is under development to provide APD Data Submitters with up-to-date communications on submission specifications, timelines, testing, and other important information.
Questions and Answers

APD OSDS Questions and Answers

The Questions and Answers document for APD OSDS Data Submitters will be updated on a regular basis by the OSDS Project Team. Questions are listed in the order in which they were received. APD OSDS Data Submitters are urged to familiarize themselves with this online document to be fully informed on the most recent communications from the OSDS Project Team. We welcome questions and feedback at apd.osds@health.ny.gov.

Questions and Answers (last updated on 06/17/2019)

Original Source Data Submitter Project

Questions and Answers Document for APD Data Submitters

Version 1.0 – September 2019

The OSDS Project Team welcomes feedback and comments on this document, please contact us at:

Original Source Data Submitter Project
Division of Information and Statistics
Office of Quality and Patient Safety
New York State Department of Health
Comeos Tower Room 1911
Albany New York 12237
Phone: 518-474-4967

Email: apd.osds@health.ny.gov

NYS Health Connector: https://nyshc.health.ny.gov/web/nyapd/apd-osds

https://nyshc.health.ny.gov/documents/39436/108308/osds_qandadocument_issuer.pdf/56dcb718-b475-529b-1ed4-8ce61119971d
APD Data Submitter Informational WebEx Series

• On a monthly basis an Informational WebEx is conducted for internal and external stakeholders
• Questions and Answers are published on NYS Health Connector
• Slide Decks are published on NYS Health Connector Information Library
  1. February 2019 – OSDS Project Overview
  2. March 2019 – Submitter, Product, Plan Level Identification; Member ID
  3. April 2019 – 834 X318 Data Collection and Response Files (Part #1)
  4. May 2019 – 834 X318 Data Collection and Response Files (Part #2)
  5. August 2019 – Guidance Manuals; PACDR and NCPDP Feedback
  6. September 2019 – OSDS Updates; Data Submitter; 834 Plan Member, Tier 2 Edit Disposition Spreadsheet

Note: During June & July 2019 small group convening sessions were conducted with X12 834 Subject Matter Experts
Submitter Readiness Survey

- To assess the readiness of commercial off-exchange data submitters, and current EIS data submitters, an OSDS submitter readiness survey was released on September 30, 2019 to APD Data Submitters

- As of October 15th, 23/63 organizations have responded (37% response rate)
  - 18/23 (78%) currently report to EIS
  - Nearly all respondents are aware of the guidance material being prepared and disseminated by the OSDS Project Team on the NYS Health Connector
  - Survey respondents are indicating that they are still reviewing all the information that is necessary for data submission

- We urge data submitters to please complete the survey

- When the survey period is complete, anonymized and aggregated results will be shared with all APD Data Submitters as part of our Informational WebEx series
Lunch / Networking
(12:15 to 1:15 pm)
OSDS Onboarding Process
Key Milestones to Onboarding

Guide • Obtain from the NYS Health Connector and Review the latest OSDS Data Submitter Information Companion Guide

DSA • Execute an OSDS Data Submitter Agreement (DSA)

EDI • Complete an EDI Registration Form and Obtain Optum-issued Data Submitter Registration Number

SFTP • Connect to OSDS System via SFTP for Processing
• Network Connectivity and Data Testing
DSA Process Flow

The DSA outlines the terms and conditions under which data submitters and the DOH will exchange data, and lists the obligations of both parties with respect to documentation, communication and data security.

1. **DOH emails DSA to the Issuer’s Primary Administrative contact for signature and notary**
2. **Issuer signs, notarizes and returns to DOH for signature**
3. **DOH validates then signs the executed DSA and returns copy to Issuer with both signatures**
4. **DOH alerts Optum and Optum then sends technical contact the EDI registration form**
EDI Registration Process Flow

Optum sends data submitter an EDI Registration form

Data submitter returns the completed EDI Registration form

Optum creates SFTP connection and provides data submitter SFTP credentials

Data submitter performs simple read write tests to confirm connection
EDI Registration Form Purpose

• Establish the relationship between the data submitter and Optum, including connectivity

• Data submitters are responsible for completing their own EDI forms (this includes Issuers and TPAs)

• Issuers must manage their TPA relationships and ensure relationships are reflected accurately on the EDI registration form

• Optum cannot accept establishment of an Issuer/TPA relationship from anyone other than the Issuer
Training & Help Desk Operations

• Technical support is available from both the OSDS Project Team and the Optum Help Desk to assist data submitters with all aspects of data submission

• Tickets can be submitted by phone or through ServiceNow
  • Optum will work with you to set up your Help Desk account

• Training
  • Optum will provide training webinars and other training materials pertaining to EDI registration and data submission

DOH OSDS Project Team
Email: apd.osds@health.ny.gov
Web: https://nyshc.health.ny.gov/web/nyapd/apd-osds
Phone: 518-474-4987

Optum Help Desk
ServiceNow: https://optumgov.service-now.com/itss2
Phone: 1-877-363-5630
Notes for Current EIS Submitters

• Current EIS submitters will have time to test the new system, then transition their encounter data submission to OSDS production

• While the OSDS is being developed, current EIS submitters will continue to submit CHP, QHP, EP and MMC encounter data to EIS to ensure no disruption in essential encounter data collection
  • NY State of Health and eMedNY enrollment feeds will continue to be used for encounter data validation

• There will not be parallel production systems of encounter data submission
Notes for New Off-Exchange Commercial Submitters

• Off-exchange commercial data submitters will be allowed time to test the submission of enrollment and encounter data before the move to production

• At the end of interactive system testing, off-exchange commercial data submitters will begin to submit enrollment and encounter data to OSDS production for coverage and service dates January 1, 2018 forward

• The issuer notification letter released in November 2018 provided issuers sufficient notice to begin necessary steps to prepare for interactive testing of data submission in the required submission formats and retention of CY 2018 and CY 2019 information
Timing of Submissions

• For off-exchange commercial submitters, the *minimum* frequency of submission for all file types will be weekly.

• Medicaid issuers should continue to adhere to the encounter submission frequency required by the Medicaid Model Contract.

• Data submitters must submit at least 95% of APD data within 60 days from the end of the month of the adjudicated claims being submitted for payment, and 100% of APD data within 180 days from the end of the month of the adjudicated claims being submitted for payment.

• In the event that technical difficulties prevent timely submission of APD data, data submitters should contact the DOH APD team at apd.osds@health.ny.gov for assistance. DOH may issue extensions of the submission deadline when deemed appropriate.
An Overview of OSDS Guidance Manuals
OSDS Guidance Manuals

- Data Submitter Information Companion Guide
  Version 1.0

- X12 837 PACDR Companion Guide
  Version 1.1

- X12 834 Plan Member Reporting Companion Guide
  Version 1.0

- NCPDP Post-Adjudication Standard Companion Guide
  Version 1.0

- Tier 2 Edit Disposition Excel Spreadsheet
  Version 1.0
## OSDS Supported Transactions

<table>
<thead>
<tr>
<th>Inbound Transaction</th>
<th>Outbound Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OSDS Companion Guide: Plan Member 834 X318</strong></td>
<td>• RJ File Rejection&lt;br&gt;• TA1 Response: File Level Handshake&lt;br&gt;• 999 Acknowledgments: Implementation Acknowledgement for Health Care Insurance ASC X12C 005010X231A1&lt;br&gt;• 834RL: 834 Record Level Response</td>
</tr>
<tr>
<td>Plan Member Reporting (834): version 005010X318</td>
<td></td>
</tr>
</tbody>
</table>

**OSDS Companion Guide: 837 PACDR**

| PACDR (837): Professional version 005010X298<br>PACDR (837): Institutional version 005010X299<br>PACDR (837): Dental version 005010X300 | • RJ File Rejection<br>• TA1 Response: File Level Handshake<br>• 999 Acknowledgments: Implementation Acknowledgement for Health Care Insurance ASC X12C 005010X231A1<br>• 277 DRA Acknowledgment: Data Reporting Acknowledgement ASC X12N 005010X364 |
|                                                                                    |                                                                                      |

**OSDS Companion Guide: NCPDP PACDR**

| Post-Adjudicated Claim Standard (NCPDP) version 4.2 | • RJ File Rejection<br>• RxFA Acknowledgement: Rx Healthcare File<br>• RxTA Acknowledgement: Rx Healthcare Transaction<br>• RxCA Acknowledgement: Rx Healthcare Claim |
|                                                     |                                                                                      |

**Bold** indicates proprietary response format.
OSDS Data Submitter Companion Guide

- Instructions related to the exchange of EDI with the OSDS system.
- Intended to provide information needed by data submitters to exchange EDI data with the OSDS system.
- Includes information about registration, testing, support, and other information.

## Inbound File Naming Convention

(Tran Category).(OSDS Submitter ID + Payer ID).(Transaction)(Program Suffix).(Frequency).(Date Time).(SEQNO).(DAT)

<table>
<thead>
<tr>
<th>Tran Category</th>
<th>TR - Transaction</th>
</tr>
</thead>
</table>
| **OSDS Submitter ID + Payer ID** | • OSDS Submitter ID is Assigned by Optum (Ex. Z12345)  
• Payer ID is the (HIOS, NAIC or OSDS Submitter ID) (Ex. 67890)  
• Example: Z1234567890 |
| **Transaction** | 837I – Institutional 837  
837D – Dental 837  
834F – Full File Plan Member Reporting |
| **Program Suffix** | Q – QHP  
E – Essential Plan  
M – Medicaid  
K – CHP  
C – Off-exchange commercial |
| **Frequency** | D – Daily  
W – Weekly  
B – Bi-weekly  
M – Monthly |
| **Date** | 12-digit date and time stamp (24-hour time, in the format YYMMDDHHMMSS) |
| **Sequence Number SEQNO** | The sequence of files within a specified timestamp. This will only contain a value other than 1 when more than one file is created within the same second. |
| **DAT** | This is always .DAT |

Note: Updated versions of the Data Submitter Companion Guide will include a program suffix for Medicare Advantage.
# Outbound File Naming Convention

(Tran Category).(UserID).(Transaction)(Program Suffix).(Frequency).(DateTime).(SEQNO).(DAT)

<table>
<thead>
<tr>
<th>Tran Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RJ</td>
<td>Reject File</td>
</tr>
<tr>
<td>IA</td>
<td>TA1 X12 or RxFA (Interchange Acknowledgment)</td>
</tr>
<tr>
<td>FA</td>
<td>Interchange Acknowledgment (999 or RxTA Report)</td>
</tr>
<tr>
<td>HN</td>
<td>Data Reporting Acknowledgment (277DRA, RxCA, 834RL)</td>
</tr>
</tbody>
</table>

| UserID           | NYOSDS                                                                      |

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>837I</td>
<td>Institutional 837</td>
</tr>
<tr>
<td>837P</td>
<td>Professional 837</td>
</tr>
<tr>
<td>837D</td>
<td>Dental 837</td>
</tr>
<tr>
<td>834F</td>
<td>Full File Plan Member Reporting X318</td>
</tr>
<tr>
<td>834C</td>
<td>Correction File Plan Member Reporting X318</td>
</tr>
<tr>
<td>PDP</td>
<td>NCPDP pharmacy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Suffix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>QHP</td>
</tr>
<tr>
<td>M</td>
<td>Medicaid</td>
</tr>
<tr>
<td>E</td>
<td>Essential Plan</td>
</tr>
<tr>
<td>K</td>
<td>CHP</td>
</tr>
<tr>
<td>C</td>
<td>Off-exchange commercial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Daily</td>
</tr>
<tr>
<td>W</td>
<td>Weekly</td>
</tr>
<tr>
<td>B</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>M</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-digit date</td>
<td>12-digit date and time stamp (24-hour time, in the format YYMMDDHHMMSS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sequence Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The sequence</td>
<td>The sequence of files within a specified timestamp. This will only contain</td>
</tr>
<tr>
<td>SEQNO</td>
<td>a value other than 1 when more than one file is created within the same</td>
</tr>
<tr>
<td></td>
<td>second.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is always</td>
<td>.DAT</td>
</tr>
</tbody>
</table>

Note: Updated versions of the Data Submitter Companion Guide will include a program suffix for Medicare Advantage
Transaction File Restrictions

• Limit the file size to no more than 50 MB per file
  • If your file is greater than 50 MB, multiple transactions must be created of less than 50 MB and put into a single Zip file in order to ensure sequential processing
  • If you have a multiple part file in a Zip file, each file must be a standalone file following the file formatting requirements for each file type and naming conventions listed in Section 3.1.4 of the OSDS Data Submitter Companion Guide. Each file will be processed separately.
834 Plan Member Companion Guide

Instructions related to Transactions Based on the X12 834 X318 Implementation Guide, Version 5010, and related documents

Original Source Data Submitter (OSDS)

X12 834 Plan Member Reporting Standard Companion Guide Transaction Information

APD Data Submitters are urged to familiarize themselves with the section on 834 Member Reporting in the most recent Questions and Answers document

Plan Member Reporting

- 834 X318 requirements are for off-exchange commercial data submitters
- Unique subscriber and member identification numbers are generated by the data submitter
- 834 X318 is not a bi-directional process
- Enrollment and encounter data related to members covered by an insurance policy offered in NYS under a NYS licensed insurer must be submitted to the OSDS system, regardless of member residency
Plan Member Reporting

• The OSDS expects a full file submission of member reporting data at least weekly
  • The initial submission is expected to include all members that had coverage on or after **January 1, 2018**
  • All records submitted in the initial submission should be submitted as an “Add”
  • Subsequent submissions will be identified as situationally appropriate according to the Implementation Guide

• Corrections to rejected records can be submitted more frequently if an update is required before the next full file submission

• A full replacement consists of all active or changed (inclusive of terminations or cancels) coverage segments

• Cancellations and terminations only need to be sent once unless retrospective change occurs
837 PACDR Companion Guide

Instructions related to Transactions
Based on X12 837 X298, X299, X300
Implementation Guides, Version 5010,
and related documents

<table>
<thead>
<tr>
<th>Unique ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>005010X298</td>
<td>Post-Adjudicated Claims Data Reporting: Professional (837)</td>
</tr>
<tr>
<td>005010X299</td>
<td>Post-Adjudicated Claims Data Reporting: Institutional (837)</td>
</tr>
<tr>
<td>005010X300</td>
<td>Post-Adjudicated Claims Data Reporting: Dental (837)</td>
</tr>
<tr>
<td>005010X231A1</td>
<td>Implementation Acknowledgment For Health Care Insurance (999)</td>
</tr>
<tr>
<td>005010X364</td>
<td>Data Reporting Acknowledgment (277DRA)</td>
</tr>
</tbody>
</table>

NCPDP Companion Guide

Original Source Data Submitter (OSDS)

NCPDP Post-Adjudication Standard Companion Guide
Transaction Information


OSDS Edits
Tier 1 and Tier 2 Edits in the OSDS

- If a submission file passes Tier 1 editing (standard level syntax and structure editing), the OSDS system will perform Tier 2 editing on each record.

- The OSDS system process will check to ensure functional edits are met (external code sets and logical validation).

- Edit descriptions and logic for each OSDS edit are found on the Tier 2 edit document.

834 Edits

- Edit Logic
- OSDS Edit #
- OSDS Edit Description
- OSDS Edit Disposition Code (Hard/Soft)

Example…

<table>
<thead>
<tr>
<th>Edit Logic</th>
<th>Original Source Data Submitter Edit Code and Description</th>
<th>OSDS Edit Disposition Code (Hard/Soft)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Social Security Number or Federal Taxpayer ID is reported. If REF01 = &quot;SV&quot; (Social Security Number) must be 9 digits, cannot begin with 9 and cannot be all 0s. must be a 9 digit number with no separators. Numbers with all zeros in any digit group (00000000, 000000000000) are considered invalid. numbers with 666 or 9999 in the first digit group.</td>
<td>00405 Invalid Member SSN</td>
<td>Hard</td>
</tr>
<tr>
<td>If Social Security Number or Federal Taxpayer ID is reported. REF01= &quot;TV&quot;, must be 9 digits, cannot begin with 9 and cannot be all 0s. must be a 9 digit number with no separators.</td>
<td>00406 Invalid Member Taxpayer Identifier</td>
<td>Hard</td>
</tr>
<tr>
<td>If the member is not the subscriber (INS02=0), a subscriber record REF01=0T should be populated with the subscriber id.</td>
<td>00407 Missing Subscriber Identifier</td>
<td>Hard</td>
</tr>
<tr>
<td>Maintenance Reason Code INS04 - Situational Rule Required. value when INS03 is 001, 021 or 024.</td>
<td>00408 Missing Maintenance Reason Code</td>
<td>Hard</td>
</tr>
<tr>
<td>DTP - Member Level Maintenance Date 2000 - DTP01 Required when reporting effective date of change to existing. If the segment is reported must be 003.</td>
<td>00409 Missing Member Level Maintenance Date</td>
<td>Hard</td>
</tr>
<tr>
<td>INS07 Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code is required when INS06. Benefit Status Code is equal to &quot;C&quot;.</td>
<td>00410 Missing Qualifying Event Code</td>
<td>Hard</td>
</tr>
<tr>
<td>A valid Employment Status Code INS06 is required when INS01 = &quot;Y&quot; Must be a valid State code OR valid Province code. This edit will only be performed if the address is in.</td>
<td>00411 Missing Employment Status Code</td>
<td>Hard</td>
</tr>
<tr>
<td></td>
<td>00412 Invalid Member State or Province Code</td>
<td>Hard</td>
</tr>
</tbody>
</table>
Edit Disposition Change Log

- Found in Information Library: https://nyshc.health.ny.gov/web/nyapd/information-library
- All 834 Edits are new to the OSDS

<table>
<thead>
<tr>
<th>Tab</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>X12 837 Edit</td>
<td>Listing of edits by LOB for Addition, Changes and Deletions</td>
<td>X298 11 Additions, 4 Changes, 1 Deletion to current EIS Tier 2 Edits</td>
</tr>
<tr>
<td>Differences</td>
<td></td>
<td>X299 21 Additions, 3 Changes, 1 Deletion to current EIS Tier 2 Edits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X300 10 Additions, and 1 Change to current EIS Tier 2 Edits</td>
</tr>
<tr>
<td>NCPDP Edit</td>
<td>Listing of new edits for NCPDP</td>
<td>13 New Edits have been added to the OSDS System</td>
</tr>
<tr>
<td>Differences</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
837 Edits and Differences

Example…

<table>
<thead>
<tr>
<th>Transaction (x298, x299, x300)</th>
<th>Health Care Claim Status Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Claim Status Code Description</td>
<td>Health Care Claim Status Code Description</td>
</tr>
<tr>
<td>Edit Logic</td>
<td>Edit Logic</td>
</tr>
<tr>
<td>OSDS Edit #</td>
<td>OSDS Edit Description</td>
</tr>
<tr>
<td>Edit Disposition (Hard/Soft)</td>
<td>Change Type (Addition, Change of Logic, Deletion)</td>
</tr>
</tbody>
</table>

- Professional (x228)
  - 18: Entity not found
    - The member record for the patient is not found for the date of service.
    - 00253: Member Record for the patient not found for date of service
  - 54: Duplicate of a previously processed claim/file
    - Multiple edits for the same original submitted encounter can not be accepted.
    - 00230: Multiple Work for same encounter not allowed
  - 85: Entity not primary
    - Ensures each claim is representative of a single adjudication of the claim by the payer. Verifying there is only one claim per claim.
    - 00239: Multiple adjudications of a claim in a payer
  - Professional (x228)
    - 90: Entity not eligible for medical benefits for submitted data of service
      - The member record is not found for the patient for the submitting plan for the date of service on the encounter.
      - 00234: Member Record for the patient not found for submitting plan for the date of service
  - Professional (x228)
    - 145: Entity’s specialty/service code
      - Must be valid Health Care Provider Taxonomy Code
      - 00136: Invalid Referring Provider Taxonomy Code
  - Professional (x228)
    - 170: Submitted Charges
      - Total charges amount must not be negative
      - 00238: Invalid Total Charges Amount
  - Professional (x228)
    - 187: Date of service
      - Ensure that the date range for the "From" date is prior or equal to the "To" date.
      - 00232: Invalid Dates Range

Example Table:

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Health Care Claim Status Code</th>
<th>Health Care Claim Status Code Description</th>
<th>Edit Logic</th>
<th>OSDS Edit #</th>
<th>OSDS Edit Description</th>
<th>Edit Disposition</th>
<th>Change Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional (x228)</td>
<td>18</td>
<td>Entity not found</td>
<td>The member record for the patient is not found for the date of service</td>
<td>00253</td>
<td>Member Record for the patient not found for date of service</td>
<td>Hard</td>
<td>Addition</td>
</tr>
<tr>
<td>Professional (x228)</td>
<td>54</td>
<td>Duplicate of a previously processed claim/file</td>
<td>Multiple edits for the same original submitted encounter can not be accepted</td>
<td>00230</td>
<td>Multiple Work for same encounter not allowed</td>
<td>Hard</td>
<td>Addition</td>
</tr>
<tr>
<td>Professional (x228)</td>
<td>85</td>
<td>Entity not primary</td>
<td>Ensures each claim is representative of a single adjudication of the claim by the payer. Verifying there is only one claim per claim</td>
<td>00239</td>
<td>Multiple adjudications of a claim in a payer</td>
<td>Hard</td>
<td>Addition</td>
</tr>
<tr>
<td>Professional (x228)</td>
<td>90</td>
<td>Entity not eligible for medical benefits for submitted data of service</td>
<td>The member record is not found for the patient for the submitting plan for the date of service on the encounter</td>
<td>00234</td>
<td>Member Record for the patient not found for submitting plan for the date of service</td>
<td>Hard</td>
<td>Addition</td>
</tr>
<tr>
<td>Professional (x228)</td>
<td>145</td>
<td>Entity’s specialty/service code</td>
<td>Must be valid Health Care Provider Taxonomy Code</td>
<td>00136</td>
<td>Invalid Referring Provider Taxonomy Code</td>
<td>Hard</td>
<td>Addition</td>
</tr>
<tr>
<td>Professional (x228)</td>
<td>170</td>
<td>Submitted Charges</td>
<td>Total charges amount must not be negative</td>
<td>00238</td>
<td>Invalid Total Charges Amount</td>
<td>Hard</td>
<td>Addition</td>
</tr>
<tr>
<td>Professional (x228)</td>
<td>187</td>
<td>Date of service</td>
<td>Ensure that the date range for the &quot;From&quot; date is prior or equal to the &quot;To&quot; date.</td>
<td>00232</td>
<td>Invalid Dates Range</td>
<td>Soft</td>
<td>Addition</td>
</tr>
</tbody>
</table>
# NCPDP Edits and Differences

*Example…*

- Transaction (NCPDP)
- Error Code
- Error Code Description
- Edit Logic
- OSDS Edit #
- OSDS Edit Description
- Edit Disposition (Hard/Soft)
- Change Type (Addition)

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Error Code</th>
<th>Error Code Description</th>
<th>Edit Logic</th>
<th>OSDS Edit #</th>
<th>OSDS Edit Description</th>
<th>Edit Disposition</th>
<th>Change Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCPDP</td>
<td>65</td>
<td>Patient is Not Covered</td>
<td>The member record is not found for the patient for the submitting plan for the date of service on the encounter</td>
<td>00258</td>
<td>Member Record for the patient not found for submitting plan for the date of Service</td>
<td>Hard</td>
<td>Addition</td>
</tr>
<tr>
<td>NCPDP</td>
<td>N1</td>
<td>No patient match found</td>
<td>The member record for the patient not found for the Date of Service</td>
<td>00257</td>
<td>Member Record for the patient not found for Date of Service</td>
<td>Hard</td>
<td>Addition</td>
</tr>
<tr>
<td>NCPDP</td>
<td>R4</td>
<td>Procedure Modifier</td>
<td>If Product/Service ID Qualifier is equal to zero, 407-07 Product/Service ID must be zero. If Product/Service ID is equal to zero, 436-11 Product/Service ID Qualifier must be zero.</td>
<td>00256</td>
<td>Invalid Product ID Qualifier / Product ID Combination</td>
<td>Hard</td>
<td>Addition</td>
</tr>
<tr>
<td>NCPDP</td>
<td>B1</td>
<td>Claim too old</td>
<td>Service Date must be less than 2 years from processing date.</td>
<td>00255</td>
<td>Invalid Service Date - Two Years Prior to Date Received</td>
<td>Soft</td>
<td>Addition</td>
</tr>
</tbody>
</table>
Additional Information on EIS to OSDS Migration
EIS to OSDS Migration At A Glance*

<table>
<thead>
<tr>
<th>#</th>
<th>EIS</th>
<th>OSDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TPA as part of Contract</td>
<td>Data Submitter Agreement; TPAs as part of Contract remain in effect</td>
</tr>
<tr>
<td>2</td>
<td>EDI Registration with GDIT/CSRA</td>
<td>EDI Registration with Optum</td>
</tr>
<tr>
<td>3</td>
<td>SFTP Connection with GDIT/CSRA</td>
<td>SFTP Connection with Optum</td>
</tr>
<tr>
<td>4</td>
<td>Collect all encounter data</td>
<td>Collect all encounter data &amp; Off-Exchange Commercial Member Roster</td>
</tr>
<tr>
<td>5</td>
<td>Medicaid and CHP transactions combined</td>
<td>Medicaid and CHP transactions separated</td>
</tr>
<tr>
<td>6</td>
<td>Processes 837, NCPDP Transactions</td>
<td>Processes 837, NCPDP, 834 X318 Transactions</td>
</tr>
<tr>
<td>7</td>
<td>Provides Tier 1 &amp; 2 Editing</td>
<td>Provides Tier 1 &amp; 2 Editing with additions, changes and removals</td>
</tr>
<tr>
<td>8</td>
<td>Sends Standard X12 responses: TA1, 999, 277CA responses</td>
<td>Sends Standard X12 responses: TA1, 999, 277DRA responses</td>
</tr>
<tr>
<td>9</td>
<td>Proprietary responses:</td>
<td>Proprietary responses:</td>
</tr>
<tr>
<td></td>
<td>NCPDP: RxTA, RxFA, RxC.</td>
<td>NCPDP: RJ, RxTA, RxFA, RxC</td>
</tr>
<tr>
<td></td>
<td>X12: 837 RJ</td>
<td>X12: 837 RJ, 834 RJ, 834 RL</td>
</tr>
<tr>
<td>10</td>
<td>Issuer Portal - CSRA/GDIT Connection</td>
<td>Data Submitter Portal through NY.Gov Connection</td>
</tr>
<tr>
<td>11</td>
<td>Issuer Portal Summary Reports in Excel</td>
<td>Data Submitter Portal Summary Reports in Excel using Tableau</td>
</tr>
<tr>
<td>12</td>
<td>Test Environment is Not Secure – No PHI or Member data can be submitted</td>
<td>Test Environment Secure - PHI and Member Data can be submitted</td>
</tr>
</tbody>
</table>

*Full Release Notes Available at: https://nyshc.health.ny.gov/web/nyapd/information-library
APD Data Submitter Response Process and Reports
Member Acknowledgements

• OSDS 834 x318 Record Level Response File (834 RL)

• All member response records will be returned to the data submitter via Optum’s Secure File Transfer Protocol (SFTP) tool: Electronic Communication Gateway (ECG)

• The OSDS will provide a detailed acknowledgment of each individual member record. The acknowledgment will indicate the accept/reject status for each record

• The OSDS will provide all edit reasons for each rejected member record.

• There is no limit on the number of edits that can be listed in the response file.
Member Acknowledgements

- **OSDS 834 x318 Record Level Response File (834 RL)**
- The purpose of this response file is to link the response status to the submitted records
- The OSDS NYS specific response file will be a pipe delimited text file

**Reported for all records:**
- Submitter Identifier
- Information Source Name
- File Name
- Transaction Set Creation Date
- Subscriber Identifier
- Member Identifier
- OSDS Record Disposition
  (Accept/ Accepted with Error/ Reject)

**Reported only for accepted with error or rejected records:**
- Value Reported
- Edit ID
- Edit Description
Member Acknowledgements

5.2 Sample Pipe Delimited Text File

Included below is a sample of 834 pipe delimited text file.

5.3 Pipe Delimited Text File Converted to Excel (column heading added)

The table below shows the 834 pipe delimited text file converted to Excel.

<table>
<thead>
<tr>
<th>Submitter ID</th>
<th>Information Source</th>
<th>File Name</th>
<th>Created Date</th>
<th>Subscriber ID</th>
<th>Member ID</th>
<th>Record Status</th>
<th>Value Reported</th>
<th>Edit ID</th>
<th>Edit Description</th>
<th>Edit Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234</td>
<td>ABCDE</td>
<td>HN.NYHEB.834C.W.130430135202.001.DAT</td>
<td>20190501</td>
<td>123456XY</td>
<td>123456XY</td>
<td>ACCEPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1234</td>
<td>ABCDE</td>
<td>HN.NYHEB.834C.W.130430135202.001.DAT</td>
<td>20190501</td>
<td>654321AB</td>
<td>654321AB</td>
<td>ACCEPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1234</td>
<td>ABCDE</td>
<td>HN.NYHEB.834C.W.130430135202.001.DAT</td>
<td>20190501</td>
<td>997654AB</td>
<td>997654AB</td>
<td>REJECT</td>
<td>99999</td>
<td>123</td>
<td>Invalid Member Zip Code</td>
<td>HARD</td>
</tr>
<tr>
<td>1234</td>
<td>ABCDE</td>
<td>HN.NYHEB.834C.W.130430135202.001.DAT</td>
<td>20190501</td>
<td>49676900</td>
<td>49676900</td>
<td>REJECT</td>
<td>2050101</td>
<td>346</td>
<td>Invalid Member Birth Date</td>
<td>HARD</td>
</tr>
<tr>
<td>1234</td>
<td>ABCDE</td>
<td>HN.NYHEB.834C.W.130430135202.001.DAT</td>
<td>20190501</td>
<td>654321AB</td>
<td>654321AB</td>
<td>ACCEPT</td>
<td>NULL</td>
<td>789</td>
<td>Missing Member Race/Ethnicity Code</td>
<td>SOFT</td>
</tr>
<tr>
<td>1234</td>
<td>ABCDE</td>
<td>HN.NYHEB.834C.W.130430135202.001.DAT</td>
<td>20190501</td>
<td>654321AB</td>
<td>654321AB</td>
<td>ACCEPT</td>
<td>NULL</td>
<td>789</td>
<td>Missing Member Race/Ethnicity Code</td>
<td>SOFT</td>
</tr>
</tbody>
</table>

Table 5: 834 Response Text File converted to Excel File

Citation: https://nyshc.health.ny.gov/documents/39436/108308/osds_834_companion_guide.pdf
Encounter Acknowledgements

- NCPDP acknowledgements will be in the same format that EIS submitters receive today:
  - RxFA File Acknowledgement
  - RxTA Transaction Acknowledgement
  - RxCA Claim/Encounter Acknowledgement

**NCPDP Acknowledgement Changes**
- RJ File Level Rejection

- 837 acknowledgements (TA1 and 999) will be in the same format that EIS submitters receive today:
  - Only Negative 999s will be sent

**837 Acknowledgement Changes**
- Receive 277 DRA instead of a 277 CA
Encounter Acknowledgements

• 277 DRA Changes:
  • 277 structure modified to represent the data reporting entity/data submitter relationship, rather than provider/payer relationships
  • Soft Edits are supported – referred to as “accepted with errors” within the transaction
  • OSDS will be provided enhanced edit identification by using more than one status trio: (status category code, status code, entity code)
  • Various codes throughout the implementation guide have been reevaluated and modified to provide a cleaner representation of the intent
Portal Report Landing Page*

- Data submitter reports will be available in csv or Excel format
- All registered and approved data submitters will have access to reports
- The OSDS will produce summary reports tailored for issuers and data submitters
- The OSDS enhances interface generating reports through Tableau
- There will be 834 reports for commercial off-exchange data submitters

*Subject to Change during Development and Testing
Example of a Portal Report in Tableau

<table>
<thead>
<tr>
<th>LOB</th>
<th>Issuer ID</th>
<th>File Name</th>
<th>Date of Receipt</th>
<th>Date Processed</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190801032140.001.DAT</td>
<td>06/01/2019</td>
<td>06/01/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190801041539.001.DAT</td>
<td>06/01/2019</td>
<td>06/01/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190805035535.001.DAT</td>
<td>08/05/2019</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190805050510.001.DAT</td>
<td>08/05/2019</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190806042662.001.DAT</td>
<td>08/06/2019</td>
<td>08/06/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190806103150.001.DAT</td>
<td>08/06/2019</td>
<td>08/06/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190801054003.001.DAT</td>
<td>08/01/2019</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190801055734.001.DAT</td>
<td>08/01/2019</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190805040546.001.DAT</td>
<td>08/05/2019</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>NYE11177.8371E.W.190805050633.001.DAT</td>
<td>08/05/2019</td>
<td>08/05/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>T0901011177.PDPE.D.190801024108.001.DAT</td>
<td>06/01/2019</td>
<td>06/01/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>T0901011177.PDPE.D.1908020234517.001.DAT</td>
<td>06/02/2019</td>
<td>06/02/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>T0901011177.PDPE.D.190803052733.001.DAT</td>
<td>06/03/2019</td>
<td>06/03/2019</td>
</tr>
<tr>
<td>EP</td>
<td>11177</td>
<td>T0901011177.PDPE.D.190804232259.001.DAT</td>
<td>06/04/2019</td>
<td>06/04/2019</td>
</tr>
</tbody>
</table>
What to Expect During Testing
When will Testing Start?

- The OSDS system’s project schedule currently allows for testing to begin in January 2020
- If the test environment is live prior to January 2020, the OSDS Project Team will evaluate the ability to provision testers to the environment ahead of schedule
- There is a shared interest in ensuring OSDS Data Submitters are given as much time to test and refine their process as possible
Testing Success Criteria

• Successful testing criteria is defined as being able to:
  1. exchange files with the OSDS;
  2. submit at least 6 files with 40 or more records having an acceptance rate of 90%; and
  3. to be able to process the associated response files

• Once the data submitter has successfully been certified for a transaction type, they will be approved to submit production files to the OSDS system for that transaction type
Testing Data

• In the OSDS system, a submitter will be able to submit test files using production data
  • Security in the test environment is equivalent to production
• For off-exchange commercial data submitters, an 834 X318 member file must be submitted prior to any 837 or NCPDP to enable the OSDS system to properly establish member enrollment information used for encounter member validation
• Test files cannot exceed 50 MB in size
• Further specification in Section 3.1.4 of the OSDS Data Submitter Companion Guide
Alpha Testing

• Advantages of being an Alpha Tester:
  • Opportunity to get feedback earlier in the process
  • Alpha testers have a stronger influence on processes if unanticipated issues arise

• Keep in Mind:
  • The environment is still being developed and tested
  • Errors will have to be identified as system related or data related

• Phases of Testing (Q4 2019)
  I. EDI Registration Testing and Connectivity
  II. 837 Testing and NCPDP Testing
  III. 834 Testing
  IV. Portal Testing
Want to be an Alpha Tester?

- Email the apd.osds@health.ny.gov
- Include in the Subject Line: Alpha Testing Request
- Include your organization’s name
- Include transactions that you are ready to alpha test
- DOH will select a set of alpha testers that will support full system testing
- All alpha testers will need a fully executed Data Submitter Agreement (DSA)
- All alpha testers will need to go through EDI Registration Testing and Connectivity
Moving Toward Production

• At the start of testing in January 2020 and through April 2020, new and existing data submitters are expected to be production ready at cut over.
• Data submitters with off-exchange commercial lines of business are expected to have enrollment and encounter data from January 1, 2018 forward ready for production.
• Files submitted to the production environment prior to testing certification will be rejected
• As data submitters become certified, OSDS project staff will work with submitters on a production schedule
Closing Remarks
Contact Information

All Payer Systems and Informatics
Division of Information and Statistics
Office of Quality and Patient Safety
New York State Department of Health
Corning Tower Room 1911
Albany, New York 12237

Phone: 518-474-4987

Email: nysapd@health.ny.gov
NYS Health Connector: https://nyshc.health.ny.gov/web/nyapd/home

To subscribe to the APD Listserv, send an e-mail request to listserv@listserv.health.state.ny.us. In the body of the message, type: SUBSCRIBE NYS-APD-L First Name Last Name