



# Data Submission Guide

**Integrated Healthcare Association (IHA)  
Data Submission Guide**

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## TABLE OF CONTENTS

How to Reach Onpoint	4
How to Reach Integrated Healthcare Association (IHA)	4
Step 1. Registering with Onpoint (For New Submitters Only)	5
Step 2. Sending Data to Onpoint	6
Setting Up for Secure Transfers via SFTP	6
Step 3. Monitoring Your Submissions	8
Supporting Data Submitters	9
Submission Tracking & Status Updates	9
Requesting a Variance from the Collection Standards	11
Best Practices for Submitting Your Variance Requests	11
Step 4. Review and Affirm Validation Report	12
Key Steps to Complete Your Validation Report	12
About Your IHA Submissions	13



# Welcome!

First things first: Welcome to data submissions for the Integrated Healthcare Association (IHA).

Based in Oakland, California, the nonprofit Integrated Healthcare Association convenes diverse stakeholders – including physicians, hospitals, health systems, purchasers, and health plans – that are committed to high-value, integrated care. Together we strive to improve healthcare quality and affordability for patients across California and the nation.

Your organization has, and will continue to play, a critical part in IHA's efforts, providing the foundational data needed to enhance understanding of the use, cost, quality, and delivery of healthcare across California. We're glad you're a part of this exciting initiative – and we're here to help.

Onpoint Health Data has been leading the way in doing this type of work for more than 15 years, helping launch statewide all-payer claims databases (APCDs) and other data-collection initiatives across the country in support of healthcare reform. We're a nonprofit company committed to a singular mission: advancing informed decision making by providing independent and reliable health data services.

We'll work closely with you to help explain IHA's submission requirements and how to meet them as efficiently as possible. This *IHA Data Submission Guide* (DSG) is the place to start. On the following pages, we'll outline the process from start to finish, walking you through each step of working with [Onpoint CDM \(Claims Data Manager\)](#), our data integration solution for commercial, Medicaid, and Medicare submissions alike.

For new data submitters, this is the place to familiarize yourself with the [technical requirements of IHA](#) data submissions, including information on how data fields should be prepared, how to protect and transmit data, and who to contact when questions arise. For data submitters already familiar with Onpoint, these pages may provide a helpful refresher on coding specifications and program milestones. Whether new or veteran, welcome!



# We're Here to Help.

Meeting reporting requirements can sometimes seem like a complicated process. Onpoint is here to help. Our Operations staff are trained, experienced, and ready to work with you. If you have a question, we'll help find the answer.

## HOW TO REACH ONPOINT

Onpoint's data operations specialists are available to answer your questions regarding the mechanics of IHA data submissions, including the use of Onpoint's SFTP submission tools and technical issues regarding the population, intent, or contents of submitted fields. We can be reached using the information below.



IHA Data Operations Team  
207-623-2555 (Eastern Time)



[iha-support@onpointhealthdata.org](mailto:iha-support@onpointhealthdata.org)



[www.onpointhealthdata.org](http://www.onpointhealthdata.org)

## HOW TO REACH INTEGRATED HEALTHCARE ASSOCIATION (IHA)

For program-related questions, please contact:



Marci Scott, Client Success Manager



510-281-5617 (Pacific Time)



[mScott@iha.org](mailto:mScott@iha.org)



[www.iha.org](http://www.iha.org)

## STEP 1. REGISTERING WITH ONPOINT (FOR NEW SUBMITTERS ONLY)

To satisfy the first step of IHA program participation, new IHA data submitters must register their organization with Onpoint CDM prior to data submission and provide the following information for reference and downstream validation purposes:

- Reporting organization and individual contact information for all collected file types
- Covered lives, claims volume, and incurred claims' value estimates

To get started, log in to [Onpoint CDM](#) and click on the “[New Registrant](#)” link.

Please note that even if you already submit data to Onpoint for another client, you will still need to register for IHA's data collection efforts. To keep things simple, we will extend your authorizations appropriately, enabling you to use your existing Onpoint CDM credentials for IHA submissions. After registration, each of your organization's newly identified contacts will receive an email confirming their assigned username and password. For more information, please reach out to us via email or telephone ([iha-support@onpointhealthdata.org](mailto:iha-support@onpointhealthdata.org) | 207-623-2555).



## STEP 2. SENDING DATA TO ONPOINT

### Setting Up for Secure Transfers via SFTP

IHA data submissions will be accepted only through secure file transfer protocol (SFTP) with PGP encryption. To facilitate this process, Onpoint leverages a managed file transfer application for secure file transfer and receipt. Our SFTP server is accessible from a wide range of SFTP client utilities and open-source solutions (e.g., [WinSCP](#), [FileZilla](#), etc.) as well as through a Hypertext Transfer Protocol Secure (HTTPS) (<https://sftp.onpointhealthdata.org>).

Please note that use of the online CDM portal requires establishing a password that expires regularly for security reasons. We highly recommend establishing connectivity with our systems using an SSH key, which eliminates the password requirement.

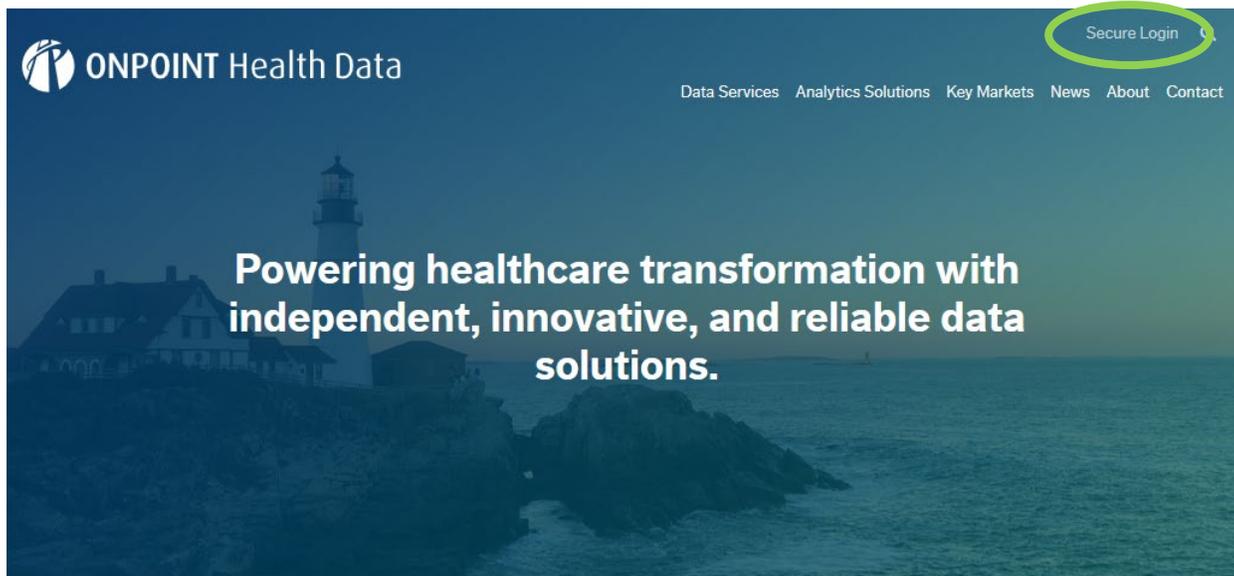
SFTP data exchanges with Onpoint must be both encrypted using the [OpenPGP](#) standard and signed by the sender prior to transfer to ensure file integrity. Onpoint's SFTP server accepts files of any size and offers users an approach that can be fully scripted on their end to facilitate automation. For a thorough walk-through of the SFTP process, including step-by-step instructions for installing and configuring standard software, please log in to [Onpoint CDM](#) and access the Documentation component, where you will find downloadable user guides and other support documentation.





### STEP 3. MONITORING YOUR SUBMISSIONS

Once you begin supplying data to Onpoint, you can use your credentials to access Onpoint CDM's secure reporting portal, which provides end-to-end visibility on your files' progress. Credentialed users can log in to Onpoint CDM anytime to monitor the status of their submissions, including up-to-date reporting on stage, status, reasons for file failure, and resubmission deadlines. Gaining access begins at the Onpoint CDM home page. Simply click the [Secure Login](#) option from our home page's upper-right corner and follow the prompts to access Onpoint CDM's online portal.



The time from receipt of a data submission by Onpoint CDM to notification of success or failure (due to quality checks) depends on a number of variables, including system load, file size, and data type. Upon receipt, data submissions are decrypted and inspected for quality and compliance with fundamental submission requirements. Pre-load checks that are conducted prior to allowing a submitted file to proceed to data quality review include assessments of whether:

1. The file contains one header record and one trailer record, both of which are formatted correctly
2. The correct number of fields appears in each record
3. The number of data records matches the count in the header record
4. The data type is valid
5. The length and format of submitted Social Security numbers are valid
6. Each file's last record element (i.e., Record Type) is populated correctly (i.e., ME for eligibility, MC for medical claims, PC for pharmacy claims, TC for cost, LR for lab results, and MI for member identifier)
7. For eligibility data, the reported year (ME004) and month (ME005) in the eligibility file are within the period beginning and period ending values cited in the header record



8. For claims data, the incurred date is within the period beginning and period ending values cited in the header record

## Supporting Data Submitters

Onpoint CDM includes complex and customized data quality validations and thresholds to ensure that collected data will meet IHA’s downstream reporting and research needs. Onpoint CDM’s data quality validations can be a rigorous test for some data submitters, which is why we will always work hand in hand with your technical staff to understand and meet the established data layouts, completeness thresholds, quality validations, and compliance processes.

Onpoint’s data operations specialists don’t simply fail a submission and abandon submitters to resolve issues on their own; we help you find the solutions that both you and IHA need. Our ultimate goal is to arrive at a solution that is efficient and programmable for the submitter without compromising the timeliness and quality of the submitted data.

Onpoint CDM includes automated alerts and hands-on support – on the phone, by email, via webinars, etc. – to help resolve any issues as soon as they arise. We tackle these issues through two key tools: submission tracking and status updates.

## Submission Tracking & Status Updates

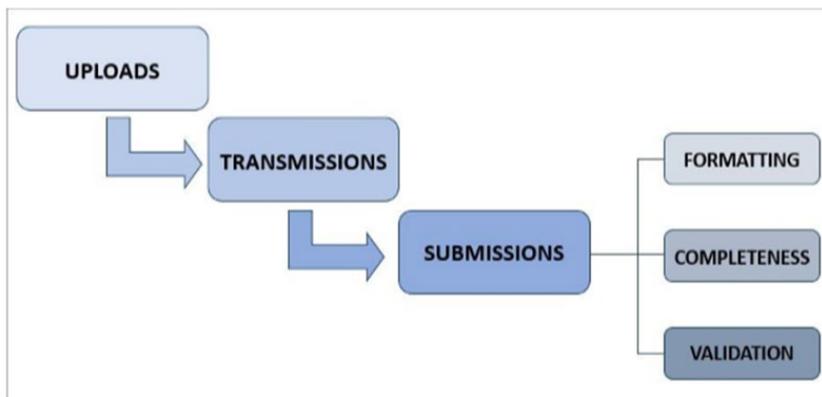
Throughout the entire data flow, Onpoint CDM monitors each of the submissions from start to finish – and enables data submitters to do the same. Onpoint CDM provides credentialed users with a series of tracking tools, including an updated log of each submission’s status, completeness reports, and validation reports. The [User Guide for the Onpoint CDM User Interface](#) outlines the essentials of how to track submissions and provides detailed descriptions of each stage of the process.

Stage	Status	Description	Action
Formatting	Review	File has encountered errors when reviewing standard file-level structure and formatting.	Manual review by submitter and Onpoint’s Operations team to determine whether the file’s errors can be passed with an exception or if a resubmission is required.
	Fail	File has definitively failed the standard file-level structure and formatting quality checks.	Resubmission required.
	Pass	File has passed the standard file-level structure and formatting quality checks.	No action required.
Metric Calculation	Fail	File has encountered errors when calculating metrics for subsequent quality reporting.	Manual review by Onpoint’s Operations team.
Completeness	Review	File has encountered element-level discrepancies between achieved completeness and validity results and expected error thresholds.	Manual review by submitter and Onpoint’s Operations team to determine whether the file’s errors can be passed with a variance or if a resubmission is required.
	Fail	File has definitively failed the completeness and validity quality checks.	Resubmission required.
	Pass	File has passed the completeness and validity quality checks.	No action required.



Validation	Review	File has encountered cross-element discrepancies between achieved validation results and expected error thresholds.	Manual review by submitter and Onpoint's Operations team to determine whether the file's errors can be passed with a variance or if a resubmission is required.
	Fail	File has definitively failed the validation quality checks.	Resubmission required.
	Pass	File has passed the validation quality checks.	No action required.
No Data	Review	New file is attempting to replace a "No Data Submission" exclusion for an overlapping reporting period.	Manual review by Onpoint's Operations team to either reject or pass the new file's replacement of an existing "No Data Submission" exclusion.
	Fail	New file that attempted to replace a "No Data Submission" exclusion for an overlapping reporting period has been rejected by Onpoint's Operations team.	Existing "No Data Submission" exclusion remains in place for the reporting period in question.
	Pass	New file that attempted to replace a "No Data Submission" exclusion for an overlapping reporting period has been approved by Onpoint's Operations team.	New file replaces previous "No Data Submission" exclusion for the reporting period in question.
Replace	Review	New file is attempting to replace an existing file in Validation/Pass for an overlapping reporting period.	Manual review by Onpoint's Operations team to either reject or pass the new file's replacement of an existing file already in Validation/Pass.
	Fail	New file that attempted to replace an existing file in Validation/Pass for an overlapping reporting period has been rejected by Onpoint's Operations team.	Existing file in Validation/Pass remains in place for the reporting period in question.
	Pass	New file that attempted to replace an existing file in Validation/Pass for an overlapping reporting period has been approved by Onpoint's Operations team.	New file replaces previously accepted file in Validation/Pass for the reporting period in question.

The visual below illustrates the chronological flow of events to reach Validation/Pass:



When your submission successfully passes all phases – or at any failure prior to final acceptance – Onpoint will send you an email alert. Submissions that fail any completeness check trigger an auto-generated failure notice, which is created instantly at the time of failure and refers data submitters to an online report documenting the failure. Submissions that fail a data quality check trigger a review by Onpoint's data operations team, who notify the submitter, identify the data problem, provide examples of the records failing the validation, and enumerate the necessary next steps. For



more complex problems, our operations staff also work with data submitters to suggest the probable cause and propose a possible fix. This process generally takes less than 48 hours following file processing.

All failure notices alert submitters to any required resubmission and include details regarding the data type, data period, and due date. Resubmission due dates are tracked by Onpoint CDM, which captures information to identify the data submitter, the submission, the date due, the date received, the date entered, the submission stage, the submission status, and any additional comments, allowing our Operations staff to track and report on compliance and resubmissions.

## Requesting a Variance from the Collection Standards

Throughout the course of capturing data, it may be necessary to make exceptions to IHA's completeness thresholds – most commonly when a data submitter's system does not collect a required element or has special considerations based on the specific population that they serve. When these situations arise, Onpoint CDM enables data submitters to request a variance using the Variance component, which triggers review by Onpoint staff when warranted. Approved variances have a built-in expiration date, requiring data submitters to reapply and justify any continuing exception on a regular basis. Please visit Onpoint CDM's [Documentation](#) component for a detailed user guide that outlines all steps of the variance-request process.

**Please note:** Fields **highlighted in yellow** in IHA's [data](#) file layouts indicate key fields that are crucial to the calculation of measures. If the completeness threshold is not met on a highlighted field, it will be flagged for escalation and will require discussion with Onpoint and IHA before a variance can be approved.

## Best Practices for Submitting Your Variance Requests

1. **Adjust Threshold Requests by 0.01% Below the Achieved Result**  
If you failed a threshold for an achieved result that is lower than the expected, request a variance that is 0.01% below your achieved. If you failed a threshold for an achieved result that is higher than the expected, request a variance that is 0.01% above your achieved.
2. **Request Variance in the Earliest Reporting Period**  
If the same validation fails over multiple reporting periods in a file, request a variance in the earliest reporting period that will meet the needs of the achieved result furthest from the expected in your file.

For example, if the population of the Submitter-Specific Rendering Provider ID field is not meeting the expected threshold of 99.50% for January - March 2021:

1. Enter your variance request only under the first reporting period for which the validation fails. Extend your "Reporting Period End Date" to the last reporting period for which the validation fails or the last reporting period to which you expect this variance request to apply.
2. To select the adjusted lower threshold percentage for your single variance request, select the achieved result that measures farthest from the expected across all failed reporting periods. For example, the following achieved results for the Submitter-Specific Rendering Provider ID field did not meet the 99.50% expected threshold:
  - 2021-01: 97.77%
  - 2021-02: 97.78%
  - 2021-03: 97.72%



3. You would want to use March’s achieved result (entering a variance of 0.01% below that value—97.71%) as the variance request for the January reporting period and manually update the “Reporting Period End Date” to be 3/31/2021, since March’s achieved result was farthest from the expected threshold of 99.50%. Doing so will apply more inclusively across all failed reporting periods.

## STEP 4. REVIEW AND AFFIRM VALIDATION REPORT

Once your production files achieve Validation/Pass status in the CDM, Onpoint will generate validation reports for your review. The validation reports provide opportunities for submitters to review their submissions, validate the data fields critical to measure results generation, catch errors to prevent late resubmissions, and allow for the timely delivery of results to IHA participants.

Please return completed validation reports to Onpoint within **5 business days of receipt**. We recommend that submitters review their validation reports as thoroughly as possible with internal stakeholders and experts. Each row in the report must be affirmed for a validation report to be considered complete. It is crucial that you review these values carefully, as errors caught after validation reports have been signed off can cause critical impediments to the IHA results timeline.

Onpoint welcomes all ideas about metrics that could be helpful to include in validation reports. Please reach out to [iha-support@onpointhealthdata.org](mailto:iha-support@onpointhealthdata.org) with your suggestions.

### Key Steps to Complete Your Validation Report

1. On the “About” tab, complete the name, email address, phone number, and review date sections.
2. Confirm that the validation report was generated for the correct file submission by checking the file submission ID noted in the report.
3. Compare all results to BOTH your completed prior year validation report results, which will be provided with all current year validation reports, and your internal data source results. For example, validate that the distinct member counts provided in the validation report align with results from previous measurement years, as well as your plan’s internal data and understanding.
4. Check the list of physician organizations and accountable care organizations to ensure its completeness.
5. Consider any missing populations and how they could affect your results.
6. Indicate ‘Y’ if you affirm the data or ‘N’ if you do not affirm.
7. For all denied metrics, provide notes and additional context to support Onpoint’s research into the discrepancy. More details and specifics about how you reached any internal data results will help Onpoint resolve discrepancies more quickly.



# ABOUT YOUR IHA SUBMISSIONS

## Use of Data

Data submitted to Onpoint will be used to support the generation of measure results for Appropriate Resource Use (ARU), Total Cost of Care (TCOC), and clinical quality measures for both the California Regional Health Care Cost & Quality Atlas (Atlas) and the Align. Measure. Perform. (AMP) programs. Detailed measure set information can be found in the [AMP Common Measure Set](#).

Program	Measurement & Population	Use of Data
<a href="#">California Regional Health Care Cost &amp; Quality Atlas (Atlas)</a>	Region, product, and payer reporting for all California members	<ul style="list-style-type: none"> <li>Public reporting via Atlas webtool</li> <li>Industry insights</li> <li>Research</li> </ul>
<a href="#">AMP Commercial HMO</a>	Physician organization reporting for California commercial HMO and POS members	<ul style="list-style-type: none"> <li>Benchmarking</li> <li>California Office of Patient Advocate (OPA) Report Card</li> <li>Health plan incentive payments</li> <li>Physician organization recognition awards</li> </ul>
<a href="#">AMP Medicare Advantage</a>	Physician organization reporting for California Medicare Advantage members	<ul style="list-style-type: none"> <li>Benchmarking</li> <li>California Office of the Patient Advocate Report Card</li> <li>Physician organization recognition awards</li> <li>Health plan incentive payments (optional)</li> </ul>
<a href="#">AMP Medi-Cal Managed Care</a>	Physician organization and Federally Qualified Health Center reporting for California Medi-Cal Managed Care members	<ul style="list-style-type: none"> <li>Benchmarking</li> <li>Health plan incentive payments (optional)</li> </ul>
<a href="#">AMP Commercial ACO</a>	Accountable Care Organization reporting for California members	<ul style="list-style-type: none"> <li>Benchmarking</li> <li>Health plan incentive payments (optional)</li> </ul>

To support the Atlas and AMP program results, health plans are asked to submit six files. These six files will be linked by member and used to generate the reported performance measure results:

1. Eligibility
2. Medical Claims
3. Pharmacy Claims
4. Cost
5. Lab Results
6. Member Identifier

**Please submit data for all California members.** If you have any questions or concerns about a specific population, please contact IHA at [amp@iha.org](mailto:amp@iha.org).



## Data Submission Timelines

The timeline below outlines the MY 2021 data submission deadlines for each stage of the process, for each file type.

Activity	Eligibility	Medical Claims	Pharmacy Claims	Member Identifier	Cost	Lab Results
<b>Q1 2021 Data Submission:</b> Production file received by Onpoint: Monthly eligibility between 1/1/21 - 3/31/21 and all claims paid or changed through 3/31/21	4/30/21	4/30/21	4/30/21		4/30/21	4/30/21
<b>Q2 2021 Data Submission:</b> Production file received by Onpoint: Monthly eligibility between 4/1/21 - 6/30/21 and all claims paid or changed through 6/30/21	7/30/21	7/30/21	7/30/21		7/30/21	7/30/21
<b>Q3 2021 Data Submission:</b> Production file received by Onpoint: Monthly eligibility between 7/1/21 - 9/30/21 and all claims paid or changed through 9/30/21	10/29/21	10/29/21	10/29/21		10/29/21	10/29/21
<b>Q4 2021 Data Submission:</b> Production file received by Onpoint: Monthly eligibility between 10/1/21 - 12/31/21 and all claims paid or changed through 12/31/21	1/31/22	1/31/22	1/31/22		1/31/22	1/31/22
<b>Q1 2022 Data Submission:</b> Production file received by Onpoint: Monthly eligibility between 1/1/22 - 3/31/22 and all claims paid or changed through 3/31/22	4/30/22	4/30/22	4/30/22		4/30/22	4/30/22

**Note:** If the final MY 2021 medical claims file or pharmacy claims file includes services rendered in 2022 and paid in Q1 2022, the health plan does not need to resubmit the Q1 2022 claims files for MY 2022.

Please continue to send all claims (e.g. adjudicated, paid), regardless of date of service, with your Q1 2021 data submission.





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