

Attachment B

# Insure Kids Now

Provider Data Submission Technical Information

July 16, 2009

Centers for Medicare & Medicaid Services (CMS)

Health Resources Services Administration (HRSA)

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## Provider Data Submission Technical Information

The Insure Kids Now (IKN) website project entails collecting data about qualified Oral Health Providers<sup>1</sup> within each State or Territory and development of a locator application to make this data available to the public over the web. Centers for Medicare & Medicaid Services (CMS) and Health Resources and Services Administration (HRSA) will be using the **eRoom** collaborative environment to collect and disseminate information about the IKN website project and to coordinate with our State<sup>2</sup> partners in this effort.

### What is eRoom?

The eRoom is a secure portal for sharing electronic project data and information including: documents, databases, files, schedules, calendars. Each State will be part of the IKN community and have access to the common data and restricted access to their own State information and data. Only personnel from your State (and the system administrators) will be able to access your State's IKN eRoom. Each State is to inform the IKN eRoom Site Administrator of the personnel who will be granted access to the IKN community and the State specific eRoom. The administrator will provide the users the log in instructions, identification, and passwords so that they can gain access to the IKN eRoom. The eRoom will have documents and information on the fields we are collecting, how the data will be used, the Access Data Collection Tool, additional instructions for the various types of ways to provide the data, and an eRoom database for collecting this data.

Because the States manage their provider data in a variety of ways, CMS and HRSA have identified three options for creating and submitting the required data (in effect large, medium, and small scale data options). The first is creation of the data files from a State's automatic data processing (ADP) system, the second is using a CMS and HRSA provided desktop database tool, and the third is entry of data in an uncomplicated web data table. *The States will need to inform CMS and HRSA which option the State will employ. Each of the options is described below.*

### **Option 1: Submission of Oral Health Provider Data Files Produced from a State's Automatic Data Processing Systems**

CMS and HRSA are asking States to provide Oral Health Provider Data in two text files. The first is the control file which provides identifying information for the data. This control file needs to be called **IKN\_CONTROL\_XX.txt** (where the XX is the State abbreviation) and must contain the name of preparer, the contact name, contact phone number, contact e-mail (if available), the number of records, and the data as of date. The second file called **IKN\_XX.txt** (where the XX is

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<sup>1</sup> A qualified oral health provider is one who provides dental services to children enrolled in the State plan (or waiver) under Medicaid or the State child health plan (or waiver) under the Children's Health Insurance Program (CHIP).

<sup>2</sup> The term **State** refers to U.S. States, the District of Columbia, and Territories throughout the remainder of the document.

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the State abbreviation) is a vertical pipe ( | ) delimited file (the pipe separates the fields) which contains the data elements in the required order as described in **Table 1** below and in **Appendix C, Alternative Format for Data File Submission**.

The first line of the data file shall include the pipe-delimited list of field names (see **Table 1** below and **Appendix C**) as this shall be used in validation of the submission. For values you are leaving blank, two pipes will be together with nothing in between. Here is an example record showing the first few data fields of the first two lines in a data file.

```
Nat_Prov_ID|Prov_Aff|First_Nm|Middle_Nm|Last_Nm|Fac_Nm|Phy_Street_Addr|City|...  
12345|FQHC|John||Smith|Family Dentistry|123 Elm Street|Topeka|...
```

**Figure 0. Example of Provider Data File.**

Note that John Smith has no middle name, but the position is maintained by the two pipes with nothing in between. There are some data elements which are optional, if a State does not have these data elements at this time, a blank entry is acceptable. For fields that allow for multiple entries within them (i.e. Language), please use a comma (,) to separate the multiple entries (example: |Spanish, Chinese|).

Each distinct physical location at which a provider (as defined by their National Provider Identifier or State Medicaid Number) works needs a record. As guidance, some provider and location scenarios and the expected pipe-delimited data records are described below:

- **One Provider at One Location:** If a provider has one location then the **IKN\_XX.txt** file would have a single complete record for that provider.
- **One Provider with Multiple Locations:** If a provider has three locations then the **IKN\_XX.txt** file would have three complete records for that provider.
- **Practice with More than One Provider and One Location:** If a practice has two providers at a single location then the **IKN\_XX.txt** file would have two complete records (one for each provider).
- **Practice with More than One Provider and Multiple Locations:** If a practice has two providers and three locations then the **IKN\_XX.txt** file would have complete records for each provider associated with each location at which that provider practices.

*Please refer to **Appendix B, Entry of Federally Qualified Health Centers Provider Data** for special instructions for handing of the Federally Qualified Health Center (FQHC) data.*

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**Table 1. Oral Health Provider Data Elements.**

Data Element Name	Description	Required	Comments
<b>Nat_Prov_ID</b>	National Provider Identifier	Required	Will not be displayed on the providers website. Could be the State Medicaid Number if the provider does not have a NPI
<b>Prov_Aff</b>	Provider Affiliation	Required	Select one or more from the following list: <b>PP</b> = Private Practice <b>CHC</b> = Community Health Center <b>FQHC</b> = Federally-Qualified Health Center <b>HD</b> = Health Department <b>OTH</b> = Other NOTE: Use a comma (,) to separate multiple entries
<b>First_Nm</b>	Provider First Name	Required	Note FQHC exception specified in Appendix B
<b>Middle_Nm</b>	Provider Middle Name	Optional	Note FQHC exception specified in Appendix B
<b>Last_Nm</b>	Provider Last Name	Required	Note FQHC exception specified in Appendix B
<b>Grp_Prac_Nm</b>	Group Practice Name	Required	Only if applicable.
<b>Active_Ind</b>	Active Status	Required	Enter the provider's status as of the date of the update. Use "Y" to indicate that the provider is currently active and "N" if inactive. Only active providers will be displayed on the national providers website.  Note: If a given provider will remain inactive for the entire reporting cycle, they do not need to be included at all.
<b>Active_Dt</b>	Active Date	Optional	Enter date at which provider will become active,

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Data Element Name	Description	Required	Comments
			<p>in mm/dd/yyyy format.</p> <p>This field is only used if the provider is currently inactive (i.e. Active_Ind is "N").</p>
<b>Inactive_Dt</b>	Inactive Date	Optional	<p>Enter date at which provider will become inactive, in mm/dd/yyyy format.</p> <p>This field is only used if the provider is currently active (i.e. Active_Ind is "Y").</p>
<b>Fac_Nm</b>	Facility Name	Optional	Applies in cases where the practice location is associated with or contained in a facility such as a hospital, school, or community health center
<b>Phy_Street_Addr</b>	Provider Physical Site Street Address	Required	No P.O. Box or R.R. Box. Only a physical location where services are provided.
<b>City</b>	Provider City	Required	
<b>State_Abbr</b>	Provider State	Required	Two character postal abbreviation.
<b>ZIP</b>	Provider ZIP Code	Required	99999-9999 (last four digits optional)
<b>Phone_Num</b>	Phone Number	Required	999-999-9999 x999 (extension optional)
<b>FAX_Num</b>	FAX Number	Optional	999-999-9999 x999 (extension optional)
<b>Lang_Spoken</b>	Languages Spoken	Optional	<p>Only enter languages other than English that are spoken at the facility. A blank entry indicates that only English is spoken.</p> <p>NOTE: Use a comma (,) to separate multiple entries</p>

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Data Element Name	Description	Required	Comments
<b>Specialty</b>	Provider Specialty	Required	Select one or more from the following list: General Dentist; Pediatric Dentist; Oral Surgeon; Orthodontist; Endodontist; Periodontist; Prosthodontist. NOTE: Use a comma (,) to separate multiple entries
<b>New_Patients</b>	Accepts New Patients	Required	Enter Y or N.
<b>Special_Needs</b>	Can Accommodate Special Needs	Required	Enter Y or N.
<b>Website</b>	Website address of provider	Optional	
<b>Plan_Participation</b>	Participation in CHIP, Medicaid, or both	Optional	Enter Medicaid, CHIP, or Both.
<b>Managed_Care_1</b>	Affiliation with Managed Care Plans (1 of 5)	Optional	
<b>Managed_Care_2</b>	Affiliation with Managed Care Plans (2 of 5)	Optional	
<b>Managed_Care_3</b>	Affiliation with Managed Care Plans (3 of 5)	Optional	
<b>Managed_Care_4</b>	Affiliation with Managed Care Plans (4 of 5)	Optional	
<b>Managed_Care_5</b>	Affiliation with Managed Care Plans (5 of 5)	Optional	

When creating the pipe-delimited data file, use only the column names exactly as provided. Additional, missing, or miss-ordered data elements will impede the loading of your State's data. The created data submission files **IKN\_CONTROL\_XX.txt** (control) and **IKN\_XX.txt** (pipe-delimited provider data) will be uploaded by the State into their IKN eRoom by the required date as noted in the cover letter. Please refer to **Appendix A, Add Files Procedure** for assistance with the file upload process. *Remember a state's submission is not complete unless both the control and provider data files have been uploaded in the State's eRoom.*

### **Option 2: Use Desktop Data Entry to Produce Oral Health Provider Data Files**

For States which would like to manage this data on their own, but will not be exporting the data from an existing database system, a small straightforward Microsoft Access database tool is available for download from the IKN eRoom. This tool opens a switchboard menu for navigation

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to (1) the State Control Information data entry window, (2) the oral health provider information data entry window, (3) a printable report to facilitate State review of the data, and (4) the IKN files export function which will produce the submission files in the correct format (see **Table 1** above and **Appendix C**) and save them to a location on the user's workstation or network. The process of data entry process starts with entry of the State control information; this is the State identifying information which is used in validating a State's submission. The second step is entry/review of the provider data. There are some data elements which are optional, if a State does not have these data elements at this time, a blank entry is acceptable; please refer to **Table 1** above and **Appendix C** for the required and optional data elements. Next is the automatic production of the data files (the final button on the switchboard menu). At this point the State is ready to submit their data; this is accomplished by logging into the eRoom and uploading the two required data files into their eRoom by the specified date. Please refer to **Appendix A, Add Files Procedure** for assistance with the file upload process. A benefit of using the desktop tool is that States can update their own IKN provider data using this tool as required (not just for the quarterly submissions) and make use of this data for their own reporting purposes. *Remember a state's submission is not complete unless both the control and provider data files have been uploaded in the State's eRoom.*

*Please refer to **Appendix B, Entry of Federally Qualified Health Centers Provider Data** for special instructions for handing of the Federally Qualified Health Center (FQHC) data.*

### **Option 3: Direct Entry on Oral Health Provider Data using eRoom Database**

*With Option 3, uploading of data file is not required.* Each State will have its own eRoom **CHIP Oral Health Care Providers Database**. This database will allow the State to key in their provider data from scratch or start with the import of a CSV file and edit it in the eRoom. The State would complete their data entry by the required date and HRSA/CMS will directly retrieve the data from each State's eRoom database. There are some data elements which are optional, if a State does not have these data elements at this time, a blank entry is acceptable; please refer to **Table 1** above and **Appendix C** for the required and optional data elements. This may be the best option for States where there are a limited number of providers (under 50) or provider lists where there is little change from quarter to quarter, since data can be updated over the web and HRSA/CMS will be responsible for storing and backing up the data. If a State needs to use their data, the eRoom database can be exported using a button on the database page (see **Figure 2** below).

When States are entering data in its eRoom database, keep in mind that each distinct physical location at which an oral health provider (as defined by their National Provider Identifier or State Medicaid Number) works needs a record. As guidance, some provider and location scenarios and the expected data entries are described below:

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- **One Provider at One Location:** If a provider has one location then the **eRoom database** would have a single complete record for that provider.
- **One Provider with Multiple Locations:** If a provider has three locations then the **eRoom database** would have three complete records for that provider.
- **Practice with More than One Provider and One Location:** If a practice has two providers at a single location then the **eRoom database** would have two complete records (one for each provider).
- **Practice with More than One Provider and Multiple Locations:** If a practice has two providers and three locations then the **eRoom database** would have complete records for each provider associated with each location at which that provider practices.

Please refer to **Appendix B, Entry of Federally Qualified Health Centers Provider Data** for special instructions for handling of the Federally Qualified Health Center (FQHC) data.

**EMC2 documentum eRoom**  
 My eRooms > CHIP Oral Health Providers > CHIP Oral Health Care Providers Database

**CHIP Oral Health Care Providers Database** [edit](#)  
 a database created by Julie Baitty on 2 Apr 09

[new entry](#) [show search](#) (all 2 entries shown)

This database will allow the State to key in their provider data from scratch or start with the import of a CSV file and make final edits in the date and HRSA/CMS will directly retrieve the data from each State's eRoom database. There are some data elements which are optional, if is acceptable; please refer to the **Provider Data Submission Technical Information** document for the required and optional data elements

National Provider Identifier	Provider Affiliation		Active Status			Provider Specialty		Ac
	non-blank	FQHC	Safety Net Clinic	yes	no	blank	General Dentist	
1	1	1	2	0	0	1	1	2

Group by **National Provider Identifier**

- ▶ 0001 1
- ▶ (blank) 1

[new entry](#) [print view](#) [Export to HTML](#) [Custom Print](#) [EOC Wizard](#) [HRSA Statistical Report](#) [Print Detail](#) [access](#) [notification](#) [export](#) [import](#)

[select all](#) [cut](#) [copy](#) [copy link](#) [paste](#) [delete](#) [mark read](#) [mark unread](#)

**Add Record** (points to 'new entry')

**HTML Export** (points to 'Export to HTML')

**CSV Export** (points to 'export')

**Import** (points to 'import')

**Figure 1. eRoom Database Page.**

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## **Option 4: Link to State Providers Website**

If your state has an existing website that allows beneficiaries to find CHIP/ Medicaid oral health providers, we may be able to satisfy the statutory requirements by posting a link to it from the Insure Kids Now website. The website must at a minimum provide the provider name, address, phone number, and whether or not he/she accepts new patients. If this is the option you would like to take, contingent on CMS approval, please send the website URL to James Resnick (jresnick@hrsa.gov) by Friday, July 10, 2009. You will still be required to submit description of dental benefits in MS Word format, as specified in Attachment A.

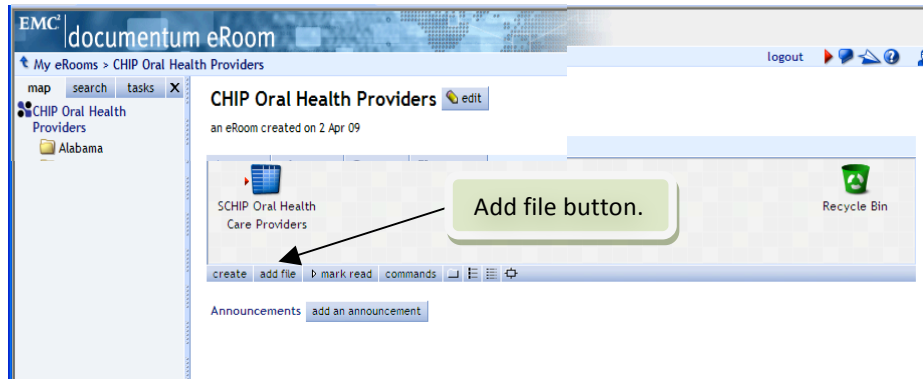
Note that unless you submit provider data via eRoom, beneficiaries from your state will not be able to find oral health providers using the national providers website.

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## APPENDIX A: Add Files Procedure

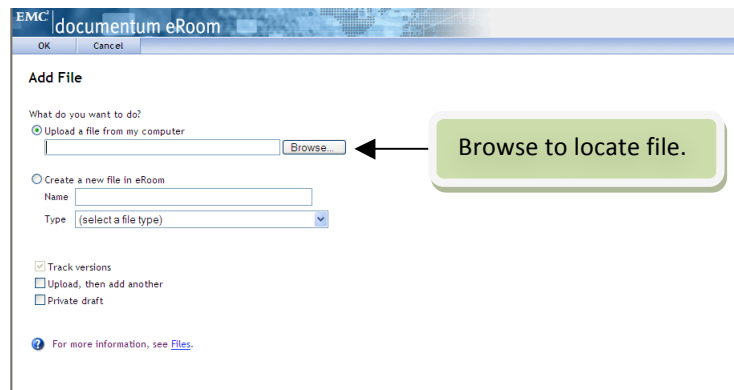
The procedure to add files is described here. The description is uses the specific instances of adding the *IKN\_CONTROL\_XX.txt* control file and the *IKN\_XX.txt* pipe-delimited provider data file). Remember a state's submission is not complete both files have been uploaded in the state's eRoom.

The process for doing this is to first log into your state IKN eRoom. After logging in the user will see an eRoom as displayed in **Figure A-1** below (there will be more items in the state eRooms, this is just for demonstration). Click the **<add file>** button.



**Figure A-1. Example State IKN eRoom.**

Next the Add File page will appear (see **Figure A-2** below); the user can browse their desktop/server to find the location where the data files are located, select the control file and then click the **<OK>** button. Then repeat this for the provider data file.



**Figure A-2. eRoom Add File Page.**

## **APPENDIX B: Entry of Federally Qualified Health Centers Provider Data**

Many Federally Qualified Health Centers (FQHCs) provide dental services through contracts with local private practices. It is understood that many of these oral health providers supplying these services through these contractual arrangements may not want their practice information listed on the IKN website. It is not necessary to provide the name and address of oral health providers that are seeing clients through contracts with FQHCs, assuming that the billing is done through the FQHC's National Provider Identifier (NPI). Instead, it is requested that when providing information for FQHCs, that the addresses of all clinic locations that provide oral health services are listed separately and that a name of an FQHC staff person be identified. For entries identified as an FQHC, only the name, address and phone number will be listed on the IKN website and not the provider name.

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## APPENDIX C: Alternative Format for Data File Submission

Based on feedback from State Health Officials, an alternative data submission format has been developed to accommodate States that make extensive use of managed care plans. The alternative format allows State Health Officials to submit provider information specific to a health plan, which allows for more accurate information for the public. For example, if a provider is accepting new patients under one health plan but not the other, the submitted data will reflect that.

Under this format, State Health Officials submit multiple records (potentially in multiple files, one for each health plan) for the same provider. Fields marked with an asterisk (\*) typically vary from health plan to health plan. Each record should be a unique combination of:

- Provider
- “Coverage Entity”, which is a combination of:
  - Program name, and
  - Health Plan name under that program, or Fee for Service
- Service Location

(NOTE: You will not see a data element named “Coverage Entity”. This is something that will be created from the combined values on the Program\_Name and Plan\_Name fields.)

Data Element Name	Description	Required	Comments
<b>Nat_Prov_ID</b>	National Provider Identifier	Required if available	Will not be displayed on the website.
<b>Prov_Aff</b>	Provider Affiliation	Optional	Select one or more from the following list: <b>PP</b> = Private Practice <b>CHC</b> = Community Health Center <b>FQHC</b> = Federally-Qualified Health Center <b>HD</b> = Health Department <b>OTH</b> = Other NOTE: Use a comma (,) to separate multiple entries
<b>First_Nm</b>	Provider First Name	Required	Note FQHC exception specified in Appendix B
<b>Middle_Nm</b>	Provider Middle Name	Optional	Note FQHC exception specified in Appendix B
<b>Last_Nm</b>	Provider Last Name	Required	Note FQHC exception specified in Appendix B
<b>Grp_Prac_Nm</b>	Group Practice Name	Required	Only if applicable.
<b>Fac_Nm</b>	Facility Name	Optional	Applies in cases where

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Data Element Name	Description	Required	Comments
			the practice location is associated with or contained in a facility such as a hospital, school, or community health center
<b>Lang_Spoken</b>	Languages Spoken	Optional	Only enter languages other than English that are spoken at the facility. A blank entry indicates that only English is spoken. NOTE: Use a comma (,) to separate multiple entries
<b>Specialty</b>	Provider Specialty	Required	Select one or more from the following list: General Dentist; Pediatric Dentist; Oral Surgeon; Orthodontist; Endodontist; Periodontist; Prosthodontist. Please add other values to the list as required by your data. Please standardize them, though, to avoid typographical differences and mis-spellings. NOTE: Use a comma (,) to separate multiple entries.
<b>Website</b>	Website address of provider	Optional	Provider's website, if any
<b>Program_Name*</b>	Name of Program	Optional	The name by which a Medicaid or CHIP program is known to beneficiaries (e.g. TennCare, Kids First, Medicaid, CHIP, etc.)
<b>Program_Type*</b>	Type of Program	Required	Select from: <ul style="list-style-type: none"> <li>• CHIP (i.e. CHIP</li> </ul>

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Data Element Name	Description	Required	Comments
			Standalone/Separate) <ul style="list-style-type: none"> <li>Medicaid (i.e. Medicaid or Medicaid Expansion)</li> </ul>
<b>Health_Plan_Name*</b>	Name of entity providing coverage	Required	Enter name of private health plan, managed care organization, or "Fee For Service"
<b>Provider_ID_In_Plan*</b>	Provider identifier within a particular health plan	Optional	If "Fee For Service" is specified under Health_Plan_Name, enter the State Medicaid ID. Otherwise, enter the provider id assigned by managed care organization.
<b>Phy_Street_Addr *</b>	Provider Physical Site Street Address	Required	Enter physical location where services are provided. Please include Floor Number and Room Number where applicable. No P.O. Box or R.R. Box.
<b>City *</b>	Provider City	Required	
<b>State_Abbr*</b>	Provider State	Required	Two character postal abbreviation.
<b>ZIP*</b>	Provider ZIP Code	Required	99999-9999 (last four digits optional)
<b>Phone_Num*</b>	Phone Number	Required	999-999-9999 x999 (extension optional)
<b>FAX_Num*</b>	FAX Number	Optional	999-999-9999 x999 (extension optional)
<b>New_Patients*</b>	Accepts New Patients	Required	Enter Y or N.
<b>Special_Needs*</b>	Can Accommodate Special Needs	Required	Enter Y or N.

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Data Element Name	Description	Required	Comments
<b>Active_Ind*</b>	Active Status	Required	Enter the provider's status as of the date of the update. Use "Y" to indicate that the provider is currently active and "N" if inactive. Only active providers will be displayed on the national providers website. Note: If a given provider will remain inactive for the entire reporting cycle, they do not need to be included at all.
<b>Active_Dt*</b>	Active Date	Optional	Enter date at which provider will become active in the specified health plan, in mm/dd/yyyy format. This field is only needed if the provider is currently inactive (i.e. Active_Ind is "N") and will become active during the upcoming reporting period.
<b>Inactive_Dt*</b>	Inactive Date	Optional	Enter date at which provider will become inactive in the specified health plan, in mm/dd/yyyy format. This field is only used if the provider is currently active (i.e. Active_Ind is "Y") and will become inactive during the upcoming reporting period.