



November 4, 2019

DCRB CIRCULAR NO. 970

To All Members of the DCRB:

RE: MEDICAL DATA MANAGER

The DCRB is pleased to announce the release of Medical Data Manager (MDM), which is an updated version of our existing web-based application for submission tracking and data quality management of Delaware Medical Data Call information. MDM is the successor to the Medical Data Call Manager application and has been re-branded with new features. MDM is scheduled for release on Monday, January 6, 2020.

MDM is a part of the suite of products which also include Policy Data Manager (PDM) and Unit Statistical Report Data Manager (UDM). MDM serves as a companion product to both PDM and UDM which were previously released by DCRB. All products have a similar look and feel, functionality, and most importantly the ability to toggle between policy, unit, and medical data sets. MDM provides users the ability to:

- Process WCME files upon receipt in real-time
- Monitor status of medical submissions
- View and/or export editing and validation results in various formats
- Search and view medical transactions and histories

Note that the medical data reporting requirements have **not changed**, but rather, the procedures for processing medical data have changed. No new data fields have been added to the WCIO WCME Data Specification or the Delaware Medical Data Call Manual.

DCRB is committed to updating our existing systems to serve the ultimate goal of having the data be accepted with no errors, thus making the data readily available to provide the elements necessary for legislative analysis and to serve as a high quality data source for specialized studies and reports.

Medical Transaction History

Upon release, MDM will contain the entire history of Delaware Medical Data Call transactions beginning July 1, 2010. MDM will be updated nightly, thereby building and maintaining a dynamic medical transaction history with each new submission. MDM provides access to validation results on screen in various formats. Users may export these results for further review.

Changes in Medical Data Reporting Procedures

In order to capitalize on the features of MDM, and to promote the most effective and efficient use of carrier and DCRB resources, several notable reminders regarding medical data reporting procedures are being reviewed within this circular. MDM will enforce strict compliance with medical data reporting rules,

which are documented in the Delaware Medical Data Call Manual. Described below are the reminders that we want to highlight.

All Medical Data Call (WCMED) files must use the CDX File Naming Convention. MDM will accept additional content in the file name (such as time in seconds or TPA identification number) at the far right of the file naming convention only. Files transmitted with file names that do not comply with the CDX File Naming Convention **will be rejected effective January 6, 2020.**

In order for MDM to properly recognize and process transactions, the criteria shown below must be satisfied. Transactions failing to meet any of these conditions will be considered an incorrect submission and will not be processed. These procedures are consistent with the existing reporting rules of the Medical Data Call and support the objective of processing Medical data without any manual intervention.

- MDM will accept files for the most recent three transaction quarters only. For example, 1st quarter 2020 data is due by June 30, 2020. During the 1st quarter 2020 collection period, MDM will accept past transactions from 4th quarter 2019 as well as future transactions from 2nd quarter 2020. We would expect to receive minimal past transactions since 4th quarter 2019 transactions were officially due by March 30, 2020. The definition of the most recent three quarters accepted will roll forward with each new quarter. Files for other quarters outside of the most recent three quarters **will be rejected effective January 6, 2020.**
- When submitting an Original file, use a unique file name per the CDX File Naming Convention as well as a unique Submission File Identifier (positions 22-51 of the File Control Record) in the new Original file. When submitting a Replacement file, the Submission File Identifier reported in positions 22-51 of the File Control Record must be an exact match to the Submission File Identifier of the Original file intended to be replaced.
- All medical transactions must be submitted in a prescribed and logical sequence. For example, an Original Transaction Code 01 must be reported before any Cancellation Transaction Code 02 or Replacement Transaction Code 03 can be accepted. The transaction date on a Cancellation Transaction Code 02 or Replacement Transaction Code 03 must be later than the transaction date on the previous record intended to be cancelled or replaced. Medical transactions submitted out of sequence **will be rejected effective January 6, 2020.**
- When submitting Cancellation Code 02 or Replacement Code 03 transactions, these transactions must be identical to the key fields of the Original 01 transaction intended to be replaced. The key fields are: Carrier Code, Policy Number Identifier, Policy Effective Date, Claim Number, Bill Identification Number and Line Identification Number. Cancellation or replacement records which cannot be matched to an original record will be rejected, and any significant volume of unmatched records which exceed the 5.0% threshold (which is relative to the number of records in the file) will cause the entire file to be rejected.
- **The Policy Number Identifier reported on the Medical Data Call must match the unit statistical data Policy Number Identifier, reported for the claim, including any prefixes or suffixes.** The Policy Number Identifier can neither be all zeros nor all blanks nor a combination of zeros and blanks. The Policy Number Identifier should not include any spaces, punctuation or symbols. Key fields that are reported in other products include Carrier Code, Policy Number Identifier, Policy Effective Date, and Claim Number Identifier and these fields must be reported

consistently within the Medical Data Call as well as other data sets. Correctly reporting the key fields ensures the accurate linking and unique identification of claims. Accurate linking of claims across data types enables DCRB to use data elements for the same claim, thereby reducing the number of elements that would be duplicated. Files which contain invalid policy numbers **will be rejected effective January 6, 2020.**

- Duplicate copies of the same WCMED file will not be accepted. True duplicate files which are submitted will be rejected immediately by MDM. Duplicate files or other files sent in error will require file cancellation transactions to be submitted to remove any files submitted in error.
- Duplicate records which have been previously submitted to the Medical Data Call will not be accepted. Any significant number of duplicate records which exceed the 5.0% threshold (which is relative to the number of records in the file) will cause the entire file to be rejected.

Medical edits have not changed, but have been re-numbered in the new system. The new medical edit code is a numeric scheme based on the WCIO WCCRIT standard and is also used in PDM and UDM. The new eight-byte error code is defined as:

Positions 1-2 identifies the record type on which the error occurred.

Positions 3-5 identifies the starting position of the field in error on the record.

Positions 6-8 identifies the error sequence number for the field.

The *MDM Edit Matrix*, available on the DCRB website, provides a complete list of applicable medical error codes. The *MDM Edit Matrix* includes a cross-reference between the new MDM error codes and the prior edit codes.

All edits will be strictly enforced in MDM. DCRB is committed to improving data quality and believes that stronger enforcement of editing will result in more robust medical data which can be used to analyze legislative reforms.

MDM will issue new and different file processing receipts via email to data submitters **effective January 6, 2020.** CDX processing receipts will remain unchanged and will continue to be issued. MDM files will be processed in real-time so there will be immediate feedback issued to data submitters. DCRB will no longer be compiling data files for processing batch days. Files which are submitted in error will be processed immediately by MDM and therefore, file cancellation transactions will be required to be submitted to delete any files which may be submitted in error.

Medical data submitters will be contacted on an individual basis for data reporting and data quality issues which could cause file rejections in MDM. DCRB will work with data submitters on designing plans of correction on a case-by-case basis. The DCRB has taken a proactive approach to working with data submitters to resolve data reporting issues prior to the release of MDM.

Upon request, the DCRB will provide carriers and their designated data submitters with individual assistance to provide training and answer questions regarding MDM.

Medical data reporters are encouraged to visit the *Data Reporting* section of the DCRB website at www.dcrb.com for the *MDM User's Guide*, *MDM Edit Matrix*, and other pertinent documents, which are available on the DCRB website.

MDM will be made available to each DCRB member's Carrier Group Administrator (CGA) **on January 6, 2020.** **Existing users of Medical Data Call Manager will be automatically migrated to Medical Data Manager (MDM.) No additional action is required for existing users.** Carrier user access to DCRB

products, such as MDM, is managed directly through each CGA. Please contact your CGA to request individual access and permissions as required.

DCRB will continue to notify data reporters of important notices related to the release of the MDM product as they occur via DCRB circular announcements.

For technical information regarding MDM, please contact Central Support at (215) 320-4933 or at centralsupport@dcrb.com. For questions regarding medical data transactions in MDM, please contact Rieke Baize, Manager of Medical Data Reporting at (215) 320-4400 or at medicalcall@dcrb.com.

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Remember to visit our web site at www.dcrb.com for more information about this and other topics.