State Data Reporting (SDR)

Reference guide

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Assurance Reimbursement Management™

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What is State Data Reporting?

Many states require that institutional providers send data to the state about specific encounters. State Data Reporting (SDR) allows the creation of files of data that can be released to various states. If the state accepts an 837 file electronically, it is a candidate for this product's automated SDR.

Before clients can use Assurance to send data to a state, a reporting connection between the clearinghouse and the state must be established and approved by the state. When clearinghouse enrollment with a state is complete, the state will appear in the SDR list on the claim filter.

SDR can be automated in a product auto-list. When SDR is automated and running, a saved claim filter is used to select the claims that should be sent to the state. Each claim will be sent to the state only once. An auto-list creates a file of selected claims that is sent to the clearinghouse. At the clearinghouse, the claims will be accumulated, if necessary, and sent to the state according to state requirements.

The set of claims sent to a state is:

- All standard payer claims that also meet reporting requirements set by the state.
- Any claims submitted solely for the purpose of including their data in the files sent to the state (***State-only*** claims).

If you are using SDR, an extra set of SDR edits runs against all claims going to states. These edits attach warnings to fields just like payer edits do. Claims can be sent to payers with SDR warnings on them because payers do not have the same requirements as the state. However, if the state data is not corrected before the claim is sent to the state, the state will reject the claim.

Best practice: When working with standard payer claims is to work off all payer errors and SDR warnings while the claim is still an unreleased claim. After a claim has been released to its payer, you cannot change data on it, including data that is causing a state warning.

State Data Reporting and claims

State Data Reporting add another class of claims to this product – state-only claims.

Payer claims: Payer claims are all the claims you submit into Assurance today. Each of these claims will be sent to a payer for payment. When SDR is running, all payer claims for encounters that meet state reporting rules are dual-purpose claims. They are payer claims that will be sent to payers as usual, and they are also SDR claims that will be sent to the state.

State-only claims: State-only claims can never be sent to any payer. State-only claims are single-purpose claims. They will only be released to the state. State-only claims come from two sources:

1. 'Claims' submitted solely for the purpose of including their data in a state reporting file.
2. Claims created from original claims that were rejected by the state. Creating this state-only copy removes the payer release status so that you can change the data that caused the original rejection and re-send the corrected claim to the state.

The addition of state-only claims allows one-stop state data reporting from inside this product. Any data in your HIS that can be assembled into a ‘claim’ can be submitted as a state-only claim. An example of a state-only claim is a self-pay claim. It has no insurance payer, but it contains data that must be reported to the state.

State-only claims are flagged as they are submitted. They never mingle with payer claims. While they can be requested through Claim Filter, they cannot be mingled with payer claims – they are not on reports with payer claims; they do not contribute their data or numbers to such things as dashboards or reconciliation.

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State-only claims must be specifically tagged during submission or created with the Resend State Data button in CFI. They cannot be created any other way.

Extra data required by SDR

If a state requires a piece of data that is not included in a standard payer claim, that extra data must be placed into one of the ten (?correct?) state fields. The contents of the fields will vary from state to state and be specific for each state.

As part of the implementation of SDR, an Optum implementation specialist will analyze your current claim submission process and the requirements of the state to which you will be sending data to establish all changes required to allow you to submit the extra state data.

As an example of extra state data, Texas requires a number that identifies the provider to the state. The state will expect this ID in a specific place in the 837 file it receives. Because submitting the extra data in your claim submission file is the fastest, most reliable way to add the data to the claim, if the state ID is in the agreed-on place in the inbound claim file, it will be placed in STATEDATA_1 on the claim. In turn, the data in that field will be placed correctly in the 837 file that is sent to that state.

If the ID cannot be sent in the claim submission file, it must be manually typed into STATEDATA_1 on each claim that must be sent to Texas. If the claim is sent to the state without the ID, you will be required to add it and resend the claim.

Notes:

- NEVER put data that must go to payers in State Reporting Fields. This data is not sent to payers.
- If the state does not require extra data, State Reporting Fields should all always be empty.
- Different states will use the same STATEDATA field for different information. The contents of each field are determined by the service state on the claim and the extra data requirements of that state.
- In addition to the specific **State Reporting Fields**, six other fields are commonly used in State Data Reporting. These fields are at the top of the Electronic tab on UB claims and in the middle of the Electronic tab on the 1500 claims.
  - Patient Social Security number
  - Patient marital status
  - Patient race
  - Patient birth weight
  - Patient ethnicity
  - Mother's medical record number

Overview of State Data Reporting processing

As ***payer*** claims are submitted, their service state is evaluated, and the appropriate state warnings are applied to the claims by validation. State data warnings should be corrected at the same time payer errors are corrected. Validate checks both types of errors on appropriate claims. After all the payer claims are clean, open the state-only claims in CFI and correct them. After the last payer release job for the day has completed, the SDR auto-list runs and creates state reporting files that contain the claims found by the auto-module’s filter.

Any claim rejected by the state can be corrected and re-sent to the state from inside this product.

Working with SDR

This section covers activities that are part of working with State Data Reporting.

- Enabling SDR
- Making changes to submission for SDR

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- Automating SDR
- Submitting state-only claims
- Filtering for claims
- Sending state data to the state
- Resending claims to the state

Enabling SDR

To enable SDR, make changes in Group Master and in Claim Options:

1. Open Group Master (Maintenance > Master Setup > Group) and select or create the group that will have rights to send state reporting files to the state.
2. Assign the State Reporting function to the group.
3. Click OK to save the change.
4. Open Claim Options (Maintenance > System Administration > Claim Options)
5. Open the Supplemental Edits tab.
6. At the bottom of the page, check the Enable State Data Reporting Edits checkbox.
7. Click OK.

Making changes to submission for SDR

The most efficient way to put state data on your claims is to add it to your claim submission file. Doing this requires changes to your claim submission file and the site files used when the claims are submitted.

If you will be adding the extra state-required data to your claim submission file or submitting state-only claims, an implementation specialist will analyze your current submission process and the extras required by SDR for changes that need to be made:

- To submit extra data, you and the implementation specialist will determine where the data should be in your claim submission file.
- If you will be submitting state-only files, you will determine a cue that claim submission can use to identify the claim as a state-only claim. For instance, the payer name on every state-only claim will be SELFPAY.

After these determinations have been made, your claim submission and site files will be altered.

Change to claim submission file(s)

The job(s) that create your claim submission files should be altered to include as much of the extra state data as possible.

Expand site files

The site files used to bridge claims from your claim submission file into this product must be modified. This must be done by the implementation specialist. The map between your submission file and the database will be expanded to transfer the extra data. If needed, bridge routines will be added to your bridge routine file.

- Change to the Bridge Table(s) - The implementation specialist will adjust the appropriate bridge table(s) to recognize and transfer the extra data to the correct place in the database.
- Change to Bridge Routines - Submitting state-only claims requires a new bridge routine. Unless you write your own bridge routines, the implementation specialist will write it. In the case of our

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example, all state-only claims will have a payer name of SELFPAY. This is the required bridge routine:

```
/LABEL=Mark as state-only
    /SET_OCC=ALL(TP_PAYER,EQ,SELFPAY)
    /FUNC=SETSTATEREPORTINGONLY()
```

When a claim that contains a cue is submitted in, it is marked as state-only by the submit routine, validated against a simple paper editmaster and the state's requirements, then stored. During claim submission, validate will apply state edits to all claims with a service state that matches any enrolled state. After state-only claims have been submitted and stored, you must open them and correct all data that has a state warning on it.

Depending on what the state reporting analysis reveals, you may need other file and bridge routine changes, also.

Automating SDR

This section contains a basic automation set up. Your business needs may be satisfied by this configuration, or you may need more or different filter/auto-module combinations to ensure that all your reportable state data reach the state.

Best practice for SDR is a daily automated send of the SDR data from claims that are created that day. Even if your state does not accept a daily file, you should still send daily files from product to the clearinghouse. The clearinghouse will accumulate your data and send it at the intervals required by the state.

SDR will send only released payer claims or state-only claims that contain no payer errors to the state. The claims can contain state warnings.

Tip: For easier recognition, begin the name of each automation item with SDR_.

Set up the filters

If you are submitting state-only claims, you will need at least these two filters. If you are submitting only payer claims, you need only the first filter. Only released, primary payer claims should be sent to the state. These two filters reflect best practices for sending claims to the state:

SDR_Daily Payer Claim Release

- In one of the user-selectable field lists, select State Reporting State and select the correct state.
- In State Data Reporting, check Not Sent to State.
- In Claim State, click Released, leave Release Date set to today.
- In Claim Status, check Accepted.
- In Billing Option, check Primary.

SDR_Daily State-only Claim Release – Use Advanced tab

- In one of the user-selectable field lists, select State Reporting State and select the correct state.
- In the other user-selectable list, select Edit Error and type !SDR.
- In State Data Reporting, check Not Sent to State.
- In Claim State, click State Only.
- In Claim Status, check Accepted.

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Set up the auto modules

Automation requires one auto-module that uses the Release State Reporting Claims process for each SDR Release filter that is created.

- SDR_Daily Payer Claim Release. Use SDR_Daily Payer Claim Release saved filter.
- SDR_Daily State-only Release. Use SDR_Daily State-only Release saved filter.

Set up the auto list

Create and schedule the auto-list that contains both SDR Release auto-modules. Name it SDR_Daily Release to State. Trigger = Scheduled event. Schedule the auto-list after the last release of the day.

Filtering for SDR claims

This section offers information about using Claim Filter as you work with SDR claims – payer claims or state-only claims.

SDR-specific claim filter fields

Three fields in the claim filter allow users to use the state data reporting functionality:

State Reporting State drop-down option: *Available from any user-selectable list.* When selected, *State Reporting State* opens a list of all states to which the clearinghouse can send state reporting files. When a state is selected, the working group of claims is limited to claims on which the service state matches the selected state. *(Check this list periodically because as states approve connections, they will automatically be added to the list.)*

State Data Reporting group: *Available only on the Advanced tab.* It provides a quick way to specify whether the claims should be claims that have already been sent to the state or claims that have not been sent to the state.

- The State Data Reporting checkboxes work like all other claim filter checkboxes: If neither box is checked, the criteria are ignored. Therefore, if you want to see both types of claims, leave both boxes unchecked.

State Only: *Available only on the Advanced tab.* Selecting *State only* is the only way to find your state-only claims. When it is selected, only the claims that have been flagged as state-only will be in the working group of claims. *(More about state-only claims later.)*

Finding payer claims

Any filter tab can be used to locate payer claims that are also SDR claims. However, only the ***Advanced tab*** offers the State Data Reporting group to let you quickly indicate whether you want claims already sent to the state or claims that have not been sent to the state.

Remember to use only *Unreleased* or *Released* when searching for payer claims. *State-only* will not find payer claims.

Finding state-only claims

State-only claims can be opened and changed in CFI, deleted, undeleted, reported on, and included in state reporting files. Each of these operations is started by selecting the claims in Claim Filter.

To find state-only claims, ***you must use the Advanced tab***. Begin by selecting the ***State Only*** option in the Claim State group; then set the remaining filter criteria that will find the claims you need.

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Suggested filters

Purpose	Filter criteria
1. Send payer claims	• In **Claim State**, click *Released*. • In **Billing Option**, check *Primary*. • From a user-selectable fields list, select **State Reporting State** and choose the state you need. • In **State Data Reporting**, check *Not Sent to State*. • **Date Released** From = 3 days ago and Thru = today. • Set other filter criteria as required.
2. Send clean state-only claims to the state	*Use Advanced tab* • In ***Claim State***, click *State Only*. • In **Billing Option**, check *Primary*. • From one *user-selectable fields* list, select ***State Reporting State*** and choose the state you need. • In the other user-selectable list, select **Edit Error** and type **!SDR**. • In **State Data Reporting,** check *Not Sent to State*. • Set other filter criteria as required.
3. Find payer claims that have been sent to the state	• In **Claim State**, click *Released*. • From a user-selectable fields list, select **State Reporting State** and choose the state you need. • In **State Data Reporting,** check *Sent to State*. • **Released Date** Adjust the range to what you need • Set other filter criteria as required.
4. Find state-only claims that have been sent to the state	*Use Advanced tab* • In ***Claim State***, click *State Only*. • From one *user-selectable fields* list, select ***State Reporting State*** and choose the state you need. • In **State Data Reporting,** check *Sent to State*. • Set other filter criteria as required.
5. Find claims that contain state warnings	*Use Advanced tab* • In ***Claim State*****,** select Unreleased, Released, or State-only. • From a *user-selectable fields* list, select ***State Reporting State*** and choose the state you need. • In the other *user selectable list,* select ***Edit Error*** and type *SDR* • In *State Data Reporting group*, check **Not sent to state**. • Set other filter criteria as required.
6. Find claims sent to the state with unresolved state warnings	*Use Advanced tab* • In ***Claim State*****,** select Released, or State-only. • From one *user-selectable fields* list, select ***State Reporting State*** and choose the state you need. • In the other user-selectable list, select **Edit Error** and type **SDR**. • In **State Data Reporting,** check *Sent to State*. • If filtering for Released claims, increase the Released Date range.

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Status history codes for SDR

Status history codes for SDR: The following status codes can be added to any filter to narrow the group of claims even more:

Local codes

Code	Description
112	Included in State Data File
113	Claim created to resend to the state
114	State resend claim created by copying this claim

Clearinghouse codes

Code	Description
1401	CLS Verification of state data file receipt
1402	CLS Rejected Claim, not sent to state reporting agency
1930	CLS transmitted file to state reporting agency
7101	State reporting agency acknowledged receipt of file
7218	997 Batch Accepted by State Reporting Agency
7219	997 Batch Rejected by State Reporting Agency (No action required)
7322	State reporting agency accepted claim
7352	State reporting agency rejected claim
7367	State reporting agency requesting additional information
7372	State reporting agency pended claim
7393	State reporting agency returned unknown status

Filtering notes

- **All claims located by the filter will be sent to the state.** Because states want to see an encounter only once, it is imperative that the filter is set to include only ***Primary*** claims. (In Billing Options, check Primary.)

  Examples of non-primary payer claims that should never be sent to the state are secondary, rebill, spin, and split claims. Sending any of these claims to the state means that you are sending the same encounter multiple times.
- State warnings can be corrected on only ***Unreleased*** payer claims and State-only claims that have not been sent to the state.
  - To find claims that contain state warnings, type ***SDR*** into the ***Edit Error*** text box.
  - To find claims that do not contain state warnings, type ***!SDR*** into the ***Edit Error*** text box.

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Correcting the claims

Only primary payer claims and state-only claims should be sent to the state. Claims made from primary claims must not be sent to the state. These claims include secondary, tertiary, rebill, duplicate, spun off, and split claims.

Claims containing payer errors cannot be sent to the state. This is true for both standard payer claims and for state-only claims. State-only claims are edited against a minimal set of payer errors. These are errors that will stop the claim at the clearinghouse for lack of information. They must be corrected before sending the claim.

Claims that contain state warnings can be sent to the state, but they will be rejected and you will need to create a re-send claim, correct the SDR warnings, and re-send the claim.

Correcting state warnings is the same process as correcting payer errors: Change the data and validate the claim.

Best practices

- On primary payer claims, correct errors and state warnings at the same time.
- On payer claims derived from primary claims, correct all errors. SDR warnings can be ignored.
- On state-only claims, all errors and state warnings should be corrected.
- If you use ***Print without Watermark*** to locally print claims before they are released, you should ensure that all errors and SDR warnings are corrected before printing the claim. After the claim is printed, you will not be able to make changes to it.
  - If the printed claim contains no errors, it will be released to the state.
  - If the printed claim contains errors, it will be released to its payer with errors, but it will not be released to the state. Instead, a state-only copy of the claim will be created. Before these claims can be released to the state, you must locate these claims and correct the payer errors on the claim.

Sending the data to the state

State Data Reporting sends only claims that contain no payer errors to the state. This rule applies to any payer errors that may be on a state-only claim, also.

Only primary payer claims should be sent to the state. Claims created from the primary claim should not be sent to payers. (Examples of non-primary claims include secondary, tertiary, rebill, duplicate, spun off, and split claims.)

Tip: To use state warnings as a filter criteria, on the Claim Filter's *Advanced tab* add an extra criteria: In the second user selectable list, choose ***Edit Error*** and type **SDR** (contains state warnings) or **!SDR** (contains no state warnings) in the text box.

Automatically create state reporting files

The most reliable way to send state data is through Auto-Process. When state reporting files are created by a scheduled auto-list, the files flow to the clearinghouse as part of your automated claim flow. See Section 3.3 for details about setting up an SDR auto-list.

Manually creating state reporting files

Even though the best practice is to automate State Data Reporting, a state reporting file can be created manually, if necessary. As with the auto-module, only released payer claims or state-only claims that contain no payer errors can be sent to the state.

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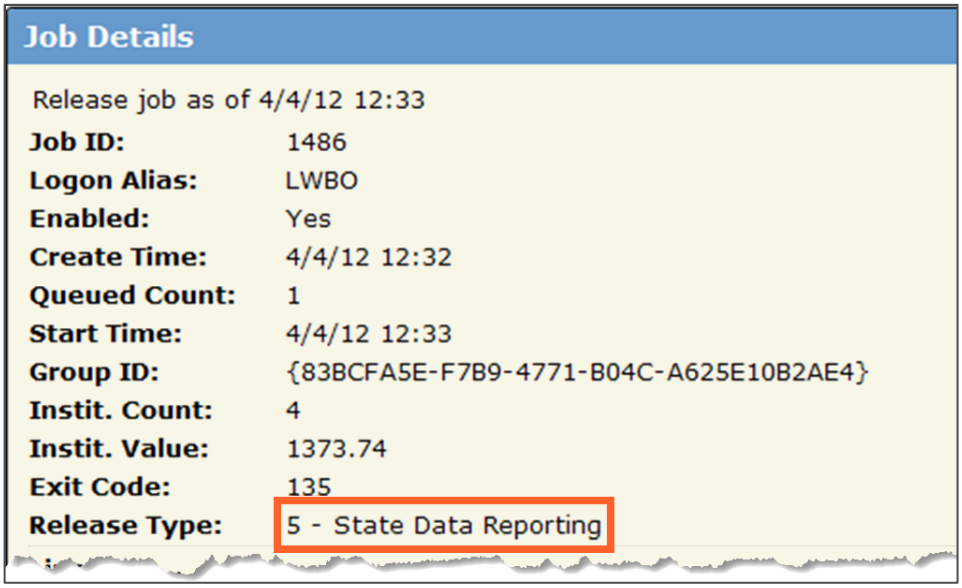
To manually create a state reporting file:

1. Follow this path: Claims > State Data Reporting.
2. Use a saved filter or create a new filter to locate the claims you require.
   a. If necessary, refine the group of claims.
3. On Continue, the file is created and sent to the clearinghouse.

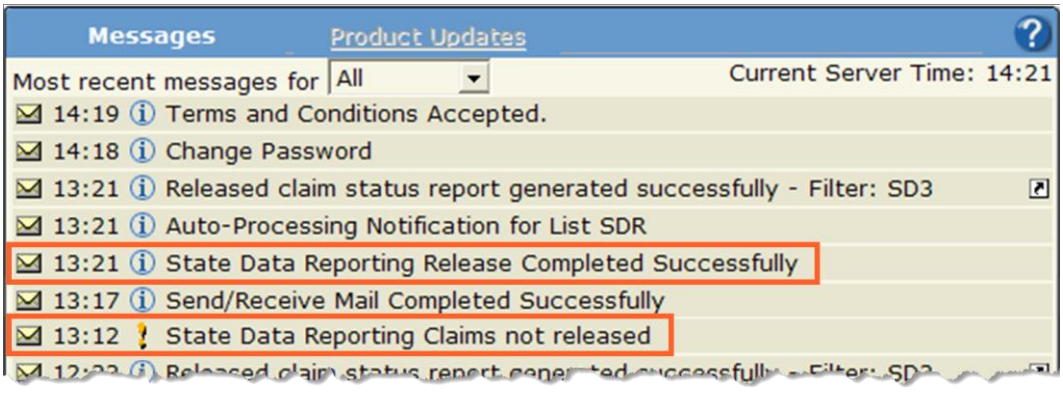
Verifying state reporting

<need to update screenshots (Jenn)>

You can check on manual and automatic SDR jobs in the *job queue*. The jobs are *release* jobs. Click the job name to open ***job details*** and see if it is a state data release:



Because the state data reporting file is a computer-readable file only, it is not displayed in any report list. Instead, a message is added to the home page message list when the file has been completed and sent to the clearinghouse: *State Data Reporting File generated successfully.*



If any claims were excluded because of errors, a different message is displayed: *State Data Reporting Claims not released*. Expand the message to see the count of claims that were excluded from the state reporting file:

> 2 claims could not be released for State Data Reporting due to claim errors. Copies of these claims were automatically created and must be corrected and resent to the state. You must select "State Only" on the Advanced tab of the filter to find these claims.

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You will need to locate the excluded claims and correct the errors so that they can be included in the next SDR Release.

Resending claims to the state

If the state rejects a claim, you can open it in CFI and resend it to the state.

Note: In some states, claim rejection issues are corrected by logging on to the state's reporting system and correcting rejected claims directly. If you correct your rejected state claims this way, do not use this product to resend claims to the state.

When resending a claim from CFI, a new, state-only claim is created from the rejected claim. The bill type on the new claim will be xx7 and it cannot be changed. When releasing a *Print without Watermark* claim that contains errors, a copy of the claim is automatically added to the state-only claims. On these claims, the bill type is not changed.

To correct a rejected claim

1. Open the original rejected claim or claims in CFI. The ***Resend State Data*** () button should be active.
2. Click the ***Resend State Data*** button. A new claim is created and opened.
3. To show data that is in error, validate the new claim. Each issue will show as an error or a warning on the claim.
4. Correct the red errors and, using the SDR warnings and state's notification, correct all SDR issues and validate again. When all issues have been removed, the claim is ready to be re-sent to the state. Corrected claims will be re-sent by the next scheduled auto-list or you can resend the corrected claims manually from the Claims, State Data Reporting menu option.

Resend State Data and ***Rebill*** are similar. They each create a new copy of an existing claim which can then be re-sent to its destination. In the case of *Rebill*, the new rebill goes to the payer. In the case of *Resend State Data*, the new resend goes to the state.

Miscellaneous information

Determining the service state on a claim

When *Validation* checks a claim for service state, it uses these fields in this order:

1. **SVC_ST** (from Facility Master) – Electronic tab on both forms.
2. **FAC_ST** – Electronic tab on a UB and FL 32 on a 1500 claim.
3. **PR_STATE** (from Facility Master) – FL 1 on a UB and FL 33 on a 1500 claim

If the state named in the filter is not in one of these three fields, the claim is not a state reporting claim. It will not be checked with state edits, and it will not be included in a state reporting file.

TIP: To locate these fields on the claim form, use the ***Go to Field*** tool on the CFI toolbar. Click on the *Legacy ID* column head to sort by Legacy ID. Locate the bold name shown here and double-click it.

Reporting on state-only claims

Batch submitters have the option of receiving file level 999 or a 997 acknowledgement report from Optum for their 837 file submissions. Based on submitter request Optum can return an Implementation Acknowledgment for Health Care Insurance (999) or a Functional Acknowledgement (997) for each Functional Group (GS - GE) envelope that is received in a batch mode.

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