DHMH Encounter Data Update

Our First Newsletter

In an effort to improve communication and the dissemination of new information regarding encounter data, DHMH is, with this issue, instituting this quarterly newsletter. We hope that you will find the information we provide helpful.

If you have suggestions, comments, or know someone else who would be interested in receiving the newsletter, please call Claudia Lamm, DHMH Encounter Data Manager, at (410) 767-5150.

New Exception Codes

Two new exception codes have been added to the DHMH encounter data system. These codes were activated on July 6, 2001.

Exception Code 924 ("Pharmacy encounter data must be submitted through First Health") when the encounter type is "P" (Pharmacy) and the submitting provider is not

First Health. The exception code will occur only on or after the effective date of the MCO's participation with First Health through the Coordinated Prospective Drug Utilization Review (PRO-DUR) system. This exception code will prevent the submission of duplicate pharmacy encounters by both the MCO and First Health.

Exception Code 925 ("Procedure code billed not valid for claim type") will occur when the encounter type is "D" (Dental) and, based on the procedure code, the service provided was not a dental service. This exception code will prevent non-dental encounters from erroneously being filed with a dental encounter type.

With the addition of these two edits, we hope to see cleaner data.

Test Files

Sending a test file may be a useful method to check the validity/compatibility of your data and equipment which could adversely affect the submission of encounter data to DHMH.

Here are some helpful tips when submitting test files:

- Call before you submit. Unlike regular production files, we need to know that the test file has been sent in order to process it. Call Colleen Danley-Blum at (410) 767-6014 to let her know the test file is coming.

- Submit one test file per claim type at a time (e.g. one HCFA 300-character record, one UB-92 192-character record.) If the first test fails, you will receive useful information to assist you in correcting errors.

- Send a small test file, no more than 5,000 records. This should be enough to isolate problems which might adversely affect subsequent production processing, without consuming resources.

- Identify the record by populating the field labeled "FILLER" at positions 166-169 of the HCFA 1500 Header or UB 92- 01 record inputting the word "TEST".

- When submitting, select Option 1, "Send a file to Medicaid (TEST)" from the DP Provider Menu.

DATA PURGE

In an effort to conserve disk space and maximize encounter processing, DHMH will be implementing the following steps, effective October 1, 2001.

All encounters with fatal errors will be purged from the system quarterly for a rolling six-month period. Therefore, on October 1, all encounters with fatal errors for DOS 10/01/00 through 3/30/01 will be purged.

All encounters with DOS prior to 2 years ago will be archived to a history table. This purge will also take place quarterly.

After purging, fatal error records will be unavailable for research purposes. Other records archived to the history table will only be available by special request.

Snip & Save

DHMH CONTACT INFORMATION

For problems/questions about the dial-up system:

Dave Harding (410) 767-6019

To check for valid provider IDs:

www.dhmh.state.md.us; **click on "Maryland Medical Programs", then "About our Programs", then "Search our HealthChoice Provider Directory"**

For other HealthChoice provider issues:

Lynette Dozier (410) 767-6976 or dozierl@dhmh.state.md.us

To check recipient eligibility/enrollment:

EVS- (410) 333-3020 or 1(800) 492-2134

To check recipient eligibility/enrollment for DOS prior to one year ago:

(410) 225-5503 or 1(800) 445-1159

For all other encounter-related issues:

Claudia Lamm (410) 767-5150 or clamm@dhmh.state.md.us

MCO Batch Identifiers

Remember to populate the MCO BATCH ID field (positions 170-189 of the HCFA 1500 header and positions 68-87 of the UB 92 01 record) with a unique identifier. If you have submitted more than one batch that fails, the batch identifier will be helpful when researching and resolving issues.

What's A "Dupe"?

The Department is in the process of reviewing the duplicate logic for HCFA 1500 encounters. Essentially, a duplicate is considered to be a new encounter with the same recipient ID, same service from/ through dates, same rendering and referring provider IDs (7 digits), and same procedure code and modifier as an accepted record currently residing on MMISII. If you have a fatal duplicate exception (101) that you think should have passed, please relay the information, including the encounter's ICN, to Claudia Lamm, Encounter Data Manager, at (410) 767-5150 within 6 months of your initial submission. She will research your issue and follow up with you.

Encounter Data for Rate Setting

It has been determined that the encounter data are sufficient in both quantity and quality to be used for rate setting. Encounters for DOS in calendar year 2000 that were accepted by the Department by June 30, 2001, will be included in the process.

The rate setting process is now underway and will continue for several months.

The encounter data experts and their support staff from each MCO are to be congratulated for all their hard work in this process.

DHMH is in the process of upgrading the lines used for encounter data transmission from analog to digital. These data-quality lines should improve the quality of transmission to those MCOs who are also transmitting over data-quality lines.

Letters to each MCO will be going out once this upgrade has been made.

Rendering Provider Locators

Please be sure to have your providers include the 2-digit locator code on the rendering provider ID when submitting claims/encounters.

This will assist EQRO and other site reviewers to determine chart locations and will also reduce the workload of their practice administrators when assisting with chart audits.

SANITY CHECK ERROR CODES

The following are two lists of error codes you may find useful when problem-solving failed encounter submissions within the dial-up system. If an error occurs in processing your submission, you will receive an error message similar to the following: "Integrity Check Failed, F- BAD DATA ENCOUNTERED IN RECORD NUMBER 17576." The character (F, in this example) is the error code and is defined below.

Hospital Error Codes (192 character records)

A: Invalid record type
B: Invalid provider number
C: Name code cannot be spaces
D: Recipient name cannot be spaces
E: Invalid invoice type indicator
F: Invalid batch number
G: Record types out of order
H: Hospital name is not found
L: Submitter name cannot be spaces
M: Submitter phone number cannot be spaces
N: Submitter ID cannot be spaces
O: Non-numeric data in days field
P: Non-numeric data in AC (accommodation), AN (ancillary), or PROC (procedure) charge field
Q: Non-numeric data in AC, AN, or PROC non-covered charge field
R: Non-numeric data in AN or PROC units field
S: Non-numeric data in AC total charges field
T: Non-numeric data in AC total non-covered charges field
U: Non-numeric data in AN total charges field
V: Non-numeric data in AN total non-covered charges field
W: Non-numeric data in number of claims field
Z: Invalid test/production data

Other Claims Error Codes (300 character records)

A: Position 14 must equal space, 1, 3, 4, 7 or 8
B: Invalid batch number
C: Invalid payee provider number
D: Invalid invoice type indicator
E: Invalid payee provider number (same as C)
F: Invalid recipient number
G: Name code cannot be spaces
H: Recipient name cannot be spaces
I: Invalid procedure code
J: Invalid charge amount
K: Claim provider not = batch header
T: Invalid test/production data
Y: Invalid batch header or trailer
Z: Positions 65, 97, 108, 129, 151 cannot be spaces

If you have problems in resolving issues with failed submission data, please contact Dave Harding at (410) 767-6019.