



## Rhode Island Executive Office of Health and Human Service

### 2023 Encounter Data Validation Study

*Neighborhood Health Plan of Rhode Island, Integrity Medicare-Medicaid Plan*

September 2023



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## Introduction

Encounter data reporting improvements are an ongoing project across federal and state healthcare agencies. Reliable and accurate encounter data can lead agencies to drive healthcare improvements that can positively affect the overall population and those who have high-risk health issues. Yearly encounter data validation (EDV) activities conducted by state agencies or external quality review organizations (EQROs) can help identify incomplete data, perform missing data quality checks, and assess the frequency and impact of late encounter data submissions.

The Rhode Island Executive Office of Health and Human Services (EOHHS) collects encounter data from managed care organizations (MCOs). The encounter submissions consist of all paid encounters, including:

- original,
- corrected,
- adjusted/voided,
- paid at zero dollar (alternative payment arrangements), and
- partial payments denied at the line level and paid at the header level.

All claims/encounters submitted to EOHHS are stored and maintained in the Rhode Island Medicaid Management Information System (MMIS) and maintained by fiscal intermediary, Gainwell Technologies LLC.

During calendar year (CY) 2022, IPRO conducted an EDV study that compared the MCOs' claims data versus the claims data of Rhode Island's EQRO. To ensure complete and accurate data are received and available for reporting, IPRO will be comparing the two sources of claims data.

The objective of this study is to verify the accuracy of encounter data submitted to EOHHS by the MCOs. The encounter data submitted to EOHHS were reconciled to the corresponding source claims data from the originally adjudicated claims. All data element discrepancies were reported and investigated.

The review period included service dates ranging from January 1 to December 31, 2021, for encounters submitted to the state between January 1, 2021, and March 31, 2022. For inpatient stays, the statement from-date was requested to be utilized.

## Methodology

IPRO requested MCO claims data residing in the claims system for the periods of service noted above for the eligible encounter types and fields. The study was conducted for the following participating Medicaid MCOs:

- Neighborhood Health Plan of Rhode Island (NHPRI)
- Neighborhood Health Plan of Rhode Island, Integrity Medicare-Medicaid Plan (NHPRI MMP)
- Point32Health
- UnitedHealthcare Community Plan of Rhode Island (UHC)
- UHC Dental

IPRO requested the MCOs provide all paid claims/encounters with dates of service from January 1 to December 31, 2021, and submitted to EOHHS between January 1, 2021, and March 31, 2022. The claims/encounters provided to IPRO included:

- original,
- corrected,
- adjusted/voided,
- paid at zero dollar (alternative payment arrangements), and
- partial payments denied at the line level and paid at the header level.

IPRO provided MCOs detailed documentation specifying the data elements used to compare to the claims/encounters IPRO received from EOHHS. The MCOs submitted applicable claims by claim type to IPRO.

The EDV study was conducted utilizing the following methodology:

1. MCOs submitted specified data elements obtained from their adjudicated source claims that correspond to the selected audit period. To verify the source claims data, IPRO requested that the MCOs include the internal control number (ICN) if available; the ICN is obtained when the encounter is adjudicated in the state MMIS.
2. IPRO imported the MCO files and generated separate data tables per encounter type per MCO. Analyses were conducted using SAS<sup>®</sup>.
3. To identify discrepancies, IPRO compared the values of each data element from the MCO source data to values of the corresponding data element from the EOHHS source data.
4. The percentage of records with discrepant values were calculated for each data element, and those with less than a 90% match rate were identified.
5. IPRO reviewed discrepancies and categorized the data element discrepancies for each encounter type, where applicable.
6. Among data elements with less than a 90% match rate, IPRO selected a random sample of 1,000 discrepant records for each encounter type and discrepancy category for each MCO. IPRO provided counts of all discrepant records by discrepancy category to EOHHS. The sample size was determined based on the number of discrepancies.
7. IPRO identified omitted and surplus ICNs. The omitted ICNs were identified as the encounters in the MCO's claims files that were not present in IPRO's data warehouse (DW). The surplus ICNs were identified in IPRO's DW that were included in the MCO's claims files.

## Interviews with MCOs

IPRO conducted teleconferences with the MCOs to discuss the following:

- Review claim discrepancies identified by IPRO.
- Walkthrough MCO's processes for receipt, reconciliation, translation, and submission of claims to EOHHS.
- If applicable, assess any changes to standard processes and/or claims systems used for EDV submission,
- Review of discrepant claims on the MCOs claim adjudication system and the 837-encounter submission string, if applicable (institutional, professional, and dental claims).
- Review of discrepant claims on the National Council for Prescription Drug Program (NCPDP), if applicable (pharmacy claims).
- Demonstration by MCOs to IPRO and EOHHS in which discrepant values from several claims included in the sample file were adjudicated and displayed on their claims adjudication system.

- Following the review of discrepant claims, MCOs displayed how each ICN’s data elements appeared on the 837 submission string (institutional, professional, and dental claims) or the NCPDP (pharmacy claims) encounter extracts submitted to EOHHS.

Following the interviews with the MCOs, IPRO worked with Gainwell, EOHHS’s MMIS, to identify any inconsistencies between the values and/or information provided by the MCOs and confirmed the information EOHHS received for each data element by encounter type.

## Data File Layout Request

The MCOs were provided file layouts (presented in **Tables 1–5**) for each of the following encounter types, as applicable:

- professional claims,
- institutional inpatient claims,
- institutional outpatient claims,
- dental claims, and
- pharmacy claims.

## Professional Encounters and Claims

**Table 1: Professional Claims File Fields**

Data Element/Field Name	Type	Description
MCO_NAME	Char	MCO name
PLAN_CODE	Char	
MEDICAID_MEMBER_ID	Char	Unique number assigned to the recipient received on daily 834 eligibility files
ICN	Char	Internal control number (ICN), if available, if encounter was submitted and accepted by state’s MMIS
MCO_ICN	Char	Unique control number assigned by the MCO
NUM_ADJ_ICN	Char	The ICN of the original claim if the claim is an adjustment
LINE_NUMBER	Num	The detail number for the specific detail on the claim (Number (4)), including any leading zeros
DTE_FIRST_SVC_DTL	Date	Date on which the statement period on the claim began for the detailed line item (mm/dd/yyyy)
DTE_LAST_SVC_DTL	Date	Date on which the statement period on the claim ended for the detailed line item (mm/dd/yyyy)
PLACESVC	Char	A code to indicate where the service was provided (place of service)
ICD-10-CM diagnosis codes (based on the header-level diagnosis)		
DIAGCD1	Char	Primary diagnosis
DIAGCD2	Char	Second diagnosis
DIAGCD3	Char	Third diagnosis
DIAGCD4	Char	Fourth diagnosis
DIAGCD5	Char	Fifth diagnosis
DIAGCD6	Char	Sixth diagnosis
DIAGCD7	Char	Seventh diagnosis
DIAGCD8	Char	Eighth diagnosis
DIAGCD9	Char	Ninth diagnosis
DIAGCD10	Char	Tenth diagnosis
DIAGCD11	Char	Eleventh diagnosis
DIAGCD12	Char	Twelfth diagnosis

Data Element/Field Name	Type	Description
<b>Payment information</b>		
PTMT_ADJ_DATE	Date	MCO adjudication date (mm/dd/yyyy)
AMT_MCO_PAID_HDR	Num	The MCO paid amount from the header for header paid claims; total paid amount of the claim (Number (12,2))
AMT_OTH_INS_PD_HDR	Num	The total TPL paid amount at the claim level (Number (12,2))
AMT_MCO_PAID_DTL	Num	The MCO paid amount from the detail for detail paid claims; total paid amount of the line item (Number (12,2))
AMT_OTH_INS_PD_DTL	Num	The TPL paid amount from the detail (Number (12,2))
<b>Procedure code information</b>		
PROCCODE	Char	Procedure/supplies/service code (i.e., CPT®-4, CDT®, and/or HCPCS), if present
QTY_UNITS_BILLED	Num	The units of service billed at the detail (Number (9,2))
MODIFIER1	Char	The first of up to four procedure/service/supplies modifier (if applicable)
MODIFIER2	Char	The second of up to four procedure/service/supplies modifier (if applicable)
MODIFIER3	Char	The third of up to four procedure/service/supplies modifier (if applicable)
MODIFIER4	Char	The fourth of up to four procedure/service/supplies modifier (if applicable)
<b>National drug code information</b>		
NDC_CODE	Char	The national drug code for the drug dispensed on the claim (if present)
<b>Provider information</b>		
BILLING_PROV_ID	Char	The Billing Provider Medicaid ID
BILLING_PROV_NPI	Char	The Billing Provider NPI
RENDERING_PROV_ID	Char	The Rendering Provider Medicaid ID
RENDERING_PROV_NPI	Char	The Rendering Provider NPI
REFERRING_PROV_ID	Char	The Referring Provider Medicaid ID
REFERRING_PROV_NPI	Char	The Referring Provider NPI

MCO: managed care organization; MMIS: Medicaid Management Information System; ID: identifier; Char: characters; Num: numerals; ICD-10-CM: International Classification of Diseases, 10<sup>th</sup> Edition, Clinical Modification; TPL: Third Party Liability; CPT: Current Procedural Terminology; CDT Current Dental Terminology; HCPCS: Healthcare Common Procedure Coding System; NPI: National Provider Identifier.

## Institutional Inpatient Encounters and Claims

**Table 2: Institutional Inpatient Claims File Fields**

Data Element/Field Name	Type	Description
MCO_NAME	Char	MCO name
PLAN_CODE	Char	
MEDICAID_MEMBER_ID	Char	Unique number assigned to the recipient received on daily 834 eligibility files
ICN	Char	Internal control number (ICN), if available, if encounter was submitted and accepted by state's MMIS
MCO_ICN	Char	Unique control number assigned by the MCO
NUM_ADJ_ICN	Char	The ICN of the original claim if the claim is an adjustment
LINE_NUMBER	Num	The detail number for the specific detail on the claim (Number (4)), including any leading zeros
DTE_ADMISSION	Date	Date that the recipient was admitted by the provider for inpatient care (mm/dd/yyyy)

Data Element/Field Name	Type	Description
DTE_DISCHARGE	Date	Date that the recipient was discharged by the provider for inpatient care (mm/dd/yyyy)
DTE_FIRST_SVC_HDR	Date	Date on which the statement period on the claim began from the header paid claims (mm/dd/yyyy)
DTE_LAST_SVC_HDR	Date	Date on which the statement period on the claim ended from the header paid claims (mm/dd/yyyy)
DTE_FIRST_SVC_DTL	Date	Date on which the statement period on the claim began for the detailed line item (mm/dd/yyyy)
DTE_LAST_SVC_DTL	Date	Date on which the statement period on the claim ended for the detailed line item (mm/dd/yyyy)
ADMITTYP	Char	Admission type
DIS_STAT	Char	Patient discharge status code
TYPEBILL	Char	Type of bill (three-digit code)
DRG	Char	DRG code (three-digit field; please submit value in this field only if it is an inpatient claim paid on a DRG rate as reported on the encounter)
<b>ICD-10-CM diagnosis codes (based on the header-level diagnosis)</b>		
DIAGCD1	Char	Primary diagnosis
DIAGCD2	Char	Second diagnosis
DIAGCD3	Char	Third diagnosis
DIAGCD4	Char	Fourth diagnosis
DIAGCD5	Char	Fifth diagnosis
DIAGCD6	Char	Sixth diagnosis
DIAGCD7	Char	Seventh diagnosis
DIAGCD8	Char	Eighth diagnosis
DIAGCD9	Char	Ninth diagnosis
DIAGCD10	Char	Tenth diagnosis
DIAGCD11	Char	Eleventh diagnosis
DIAGCD12	Char	Twelfth diagnosis
DIAGCD13	Char	Thirteenth diagnosis
DIAGCD14	Char	Fourteenth diagnosis
DIAGCD15	Char	Fifteenth diagnosis
DIAGCD16	Char	Sixteenth diagnosis
DIAGCD17	Char	Seventieth diagnosis
DIAGCD18	Char	Eighteenth diagnosis
DIAGCD19	Char	Nineteenth diagnosis
DIAGCD20	Char	Twentieth diagnosis
DIAGCD21	Char	Twenty-first diagnosis
DIAGCD22	Char	Twenty-second diagnosis
DIAGCD23	Char	Twenty-third diagnosis
DIAGCD24	Char	Twenty-fourth diagnosis
DIAGCD25	Char	Twenty-fifth diagnosis
<b>ICD-10-PCS codes</b>		
SURG1	Char	Surgical code 1
SURG2	Char	Surgical code 2
SURG3	Char	Surgical code 3
SURG4	Char	Surgical code 4
SURG5	Char	Surgical code 5
SURG6	Char	Surgical code 6
SURGDTE1	Date	Surgical date 1 (mm/dd/yyyy)
SURGDTE2	Date	Surgical date 2 (mm/dd/yyyy)

Data Element/Field Name	Type	Description
SURGDTE3	Date	Surgical date 3 (mm/dd/yyyy)
SURGDTE4	Date	Surgical date 4 (mm/dd/yyyy)
SURGDTE5	Date	Surgical date 5 (mm/dd/yyyy)
SURGDTE6	Date	Surgical date 6 (mm/dd/yyyy)
Payment information (inpatient claims are paid at the header-level)		
PTMT_ADJ_DATE	Date	MCO adjudication date (mm/dd/yyyy)
PAIDDATE_HDR	Date	Paid date (mm/dd/yyyy) from the header for header paid claims
AMT_MCO_PAID_HDR	Num	The MCO paid amount from the header for header paid claims; total paid amount of the claim (Number (12,2))
AMT_OTH_INS_PD_HDR	Num	The total TPL paid amount at the claim level (Number (12,2))
PAIDDATE_DTL	Date	Paid date (mm/dd/yyyy) from the detail for detail paid claims
AMT_MCO_PAID_DTL	Num	The MCO paid amount from the detail for detail paid claims; total paid amount of the line item (Number (12,2))
AMT_OTH_INS_PD_DTL	Num	The TPL paid amount from the detail (Number (12,2))
Procedure code, revenue code, and national drug code		
PROCCODE	Char	Procedure/supplies/service code (i.e., CPT-4, CDT, and/or HCPCS), if present
UNITS_BILLED	Num	Units of service billed for payment (Number (9,2))
MODIFIER1	Char	The first of up to four procedures/services/supplies modifiers (if applicable)
MODIFIER2	Char	The second of up to four procedures/services/supplies modifiers (if applicable)
MODIFIER3	Char	The third of up to four procedures/services/supplies modifiers (if applicable)
MODIFIER4	Char	The fourth of up to four procedures/services/supplies modifiers (if applicable)
REVENUE_CODE	Char	Revenue center code (including any leading zeros)
NDC_CODE	Char	The national drug code for the drug dispensed on the institutional claim (if present)
Provider information		
BILLING_PROV_ID	Char	The Billing Provider Medicaid ID
BILLING_PROV_NPI	Char	The Billing Provider NPI
ATTENDING_PROV_ID	Char	The Attending Provider Medicaid ID
ATTENDING_PROV_NPI	Char	The Attending Provider NPI
RENDERING_PROV_ID	Char	The Rendering Provider Medicaid ID
RENDERING_PROV_NPI	Char	The Rendering Provider NPI
REFERRING_PROV_ID	Char	The Referring Provider Medicaid ID
REFERRING_PROV_NPI	Char	The Referring Provider NPI

MCO: managed care organization; MMIS: Medicaid Management Information System; ID: identifier; Char: characters; Num: numerals; DRG: diagnosis-related group; ICD-10-CM: International Classification of Diseases, 10<sup>th</sup> Edition, Clinical Modification; TPL: Third Party Liability; CPT: Current Procedural Terminology; CDT: Current Dental Terminology; HCPCS: Healthcare Common Procedure Coding System; ICD-10-PCS: International Classification of Diseases, 10<sup>th</sup> Edition, Procedure Coding System; NPI: National Provider Identifier.



## Institutional Outpatient Encounters and Claims

**Table 3: Institutional Outpatient Claims File Fields**

Data Element/Field Name	Type	Description
MCO_NAME	Char	MCO name
PLAN_CODE	Char	
MEDICAID_MEMBER_ID	Char	Unique number assigned to the recipient received on daily 834 eligibility files
ICN	Char	Internal control number (ICN), if available, if encounter was submitted and accepted by state's MMIS
MCO_ICN	Char	Unique control number assigned by the MCO
NUM_ADJ_ICN	Char	The ICN of the original claim if the claim is an adjustment
LINE_NUMBER	Num	The detail number for the specific detail on the claim (Number (4)), including any leading zeros
DTE_FIRST_SVC_HDR	Date	Date on which the statement period on the claim began from the header paid claims (mm/dd/yyyy)
DTE_LAST_SVC_HDR	Date	Date on which the statement period on the claim ended from the header paid claims (mm/dd/yyyy)
DTE_FIRST_SVC_DTL	Date	Date on which the statement period on the claim began for the detailed line item (mm/dd/yyyy)
DTE_LAST_SVC_DTL	Date	Date on which the statement period on the claim ended for the detailed line item (mm/dd/yyyy)
TYPEBILL	Char	Type of bill (three-digit code)
<b>ICD-10-CM diagnosis codes (based on the header-level diagnosis)</b>		
DIAGCD1	Char	Primary Diagnosis
DIAGCD2	Char	Second diagnosis
DIAGCD3	Char	Third diagnosis
DIAGCD4	Char	Fourth diagnosis
DIAGCD5	Char	Fifth diagnosis
DIAGCD6	Char	Sixth diagnosis
DIAGCD7	Char	Seventh diagnosis
DIAGCD8	Char	Eighth diagnosis
DIAGCD9	Char	Ninth diagnosis
DIAGCD10	Char	Tenth diagnosis
DIAGCD11	Char	Eleventh diagnosis
DIAGCD12	Char	Twelfth diagnosis
DIAGCD13	Char	Thirteenth diagnosis
DIAGCD14	Char	Fourteenth diagnosis
DIAGCD15	Char	Fifteenth diagnosis
DIAGCD16	Char	Sixteenth diagnosis
DIAGCD17	Char	Seventieth diagnosis
DIAGCD18	Char	Eighteenth diagnosis
DIAGCD19	Char	Nineteenth diagnosis
DIAGCD20	Char	Twentieth diagnosis
DIAGCD21	Char	Twenty-first diagnosis
DIAGCD22	Char	Twenty-second diagnosis
DIAGCD23	Char	Twenty-third diagnosis
DIAGCD24	Char	Twenty-fourth diagnosis
DIAGCD25	Char	Twenty-fifth diagnosis

Data Element/Field Name	Type	Description
ICD-10-PCS codes		
SURG1	Char	Surgical code 1
SURG2	Char	Surgical code 2
SURG3	Char	Surgical code 3
SURG4	Char	Surgical code 4
SURG5	Char	Surgical code 5
SURG6	Char	Surgical code 6
SURGDTE1	Date	Surgical date 1 (mm/dd/yyyy)
SURGDTE2	Date	Surgical date 2 (mm/dd/yyyy)
SURGDTE3	Date	Surgical date 3 (mm/dd/yyyy)
SURGDTE4	Date	Surgical date 4 (mm/dd/yyyy)
SURGDTE5	Date	Surgical date 5 (mm/dd/yyyy)
SURGDTE6	Date	Surgical date 6 (mm/dd/yyyy)
Payment information		
PTMT_ADJ_DATE	Date	MCO adjudication date (mm/dd/yyyy)
PAIDDATE_HDR	Date	Paid date (mm/dd/yyyy) from the header for header paid claims
AMT_MCO_PAID_HDR	Num	This is the MCO paid amount from the header for header paid claims; total paid amount of the claim (Number (12,2))
AMT_OTH_INS_PD_HDR	Num	The total TPL paid amount at the claim level (Number (12,2))
PAIDDATE_DTL	Date	Paid date (mm/dd/yyyy) from the detail for detail paid claims
AMT_MCO_PAID_DTL	Num	The MCO paid amount from the detail for detail paid claims; total paid amount of the line item (Number (12,2))
AMT_OTH_INS_PD_DTL	Num	The TPL paid amount from the detail (Number (12,2))
Procedure code, revenue code, and national drug code		
PROCEDURE_CODE	Char	Procedure/supplies/service code (i.e., CPT-4, CDT, and/or HCPCS), if present
UNITS_BILLED	Num	Units of service billed for payment (Number (9,2))
MODIFIER1	Char	The first of up to four procedures/services/supplies modifiers (if applicable)
MODIFIER2	Char	The second of up to four procedures/services/supplies modifiers (if applicable)
MODIFIER3	Char	The third of up to four procedures/services/supplies modifiers (if applicable)
MODIFIER4	Char	The fourth of up to four procedures/services/supplies modifiers (if applicable)
REVENUE_CODE	Char	Revenue center code (including any leading zeros)
NDC_CODE	Char	The national drug code for the drug dispensed on the institutional claim (if present)
Provider information		
BILLING_PROV_ID	Char	The Billing Provider Medicaid ID
BILLING_PROV_NPI	Char	The Billing Provider NPI
RENDERING_PROV_ID	Char	The Rendering Provider Medicaid ID
RENDERING_PROV_NPI	Char	The Rendering Provider NPI
REFERRING_PROV_ID	Char	The Referring Provider Medicaid ID
REFERRING_PROV_NPI	Char	The Referring Provider NPI
OPERATING_PROV_ID	Char	The Operating Provider Medicaid ID, if available
OPERATING_PROV_NPI	Char	The Operating Provider NPI, if available

MCO: managed care organization; MMIS: Medicaid Management Information System; ID: identifier; Char: characters; Num: numerals; ICD-10-CM: International Classification of Diseases, 10th Edition, Clinical Modification; TPL: Third Party Liability; CPT: Current Procedural Terminology; CDT: Current Dental Terminology; HCPCS: Healthcare Common Procedure Coding System; NPI: National Provider Identifier.

## Dental Encounters and Claims

**Table 4: Dental Claims File Fields**

Data Element/Field Name	Type	Description
MCO_NAME	Char	MCO name
PLAN_CODE	Char	
MEDICAID_MEMBER_ID	Char	Unique number assigned to the recipient received on daily 834 eligibility files
ICN	Char	Internal control number (ICN), if available, if encounter was submitted and accepted by state's MMIS
MCO_ICN	Char	Unique control number assigned by the MCO
NUM_ADJ_ICN	Char	The ICN of the original claim if the claim is an adjustment
LINE_NUMBER	Num	The detail number for the specific detail on the claim (Number (4)), including any leading zeros
DTE_FIRST_SVC_DTL	Date	Date on which the statement period on the claim began for the detailed line item (mm/dd/yyyy)
DTE_LAST_SVC_DTL	Date	Date on which the statement period on the claim ended for the detailed line item (mm/dd/yyyy)
PLACESVC	Char	A code to indicate where the service was provided (place of service)
<b>Payment information</b>		
PTMT_ADJ_DATE	Date	MCO adjudication date (mm/dd/yyyy)
AMT_MCO_PAID_HDR	Num	The MCO paid amount from the header for header paid claims; total paid amount of the claim (Number (12,2))
AMT_OTH_INS_PD_HDR	Num	The total TPL paid amount at the claim level (Number (12,2))
<b>Procedure code information</b>		
CDT	Char	Procedure code (i.e., CDT)
QTY_UNITS_BILLED	Num	The units of service billed at the detail (Number (9,2))
TOOTHNUMBER	Char	Code to indicate the tooth on which the service was performed
MODIFIER1	Char	The first of up to four procedure/service/supplies modifier (if applicable)
MODIFIER2	Char	The second of up to four procedure/service/supplies modifier (if applicable)
MODIFIER3	Char	The third of up to four procedure/service/supplies modifier (if applicable)
MODIFIER4	Char	The fourth of up to four procedure/service/supplies modifier (if applicable)
<b>Provider information</b>		
BILLING_PROV_ID	Char	The Billing Provider Medicaid ID
BILLING_PROV_NPI	Char	The Billing Provider NPI
RENDERING_PROV_ID	Char	The Rendering Provider Medicaid ID
RENDERING_PROV_NPI	Char	The Rendering Provider NPI
REFERRING_PROV_ID	Char	The Referring Provider Medicaid ID
REFERRING_PROV_NPI	Char	The Referring Provider NPI

MCO: managed care organization; MMIS: Medicaid Management Information System; ID: identifier; Char: characters; Num: numerals; TPL: Third Party Liability; CDT: Current Dental Terminology; NPI: National Provider Identifier.

## Pharmacy Encounters and Claims

**Table 5: Pharmacy Claims File Fields**

Data Element/Field Name	Type	Description
MCO_NAME	Char	MCO name
PLAN_CODE	Char	
MEDICAID_MEMBER_ID	Char	Unique number assigned to the recipient received on daily 834 eligibility files
ICN	Char	Internal control number (ICN), if available, if encounter was submitted and accepted by state's MMIS
MCO_ICN	Char	Unique control number assigned by the MCO
NUM_ADJ_ICN	Char	This is the ICN of the original claim if the claim is an adjustment
LINE_NUMBER	Num	Number of the detail on the claim
DTE_FIRST_SVC	Date	Date on which the statement period on the claim began (mm/dd/yyyy)
DTE_LAST_SVC	Date	Date on which the statement period on the claim ended (mm/dd/yyyy)
<b>Payment information</b>		
PAIDDATE_HDR	Date	The date on which the PBM/MCO paid the provider for the claim (mm/dd/yyyy)
AMT_PAID_MCO_HDR	Num	The PBM/MCO paid amount from the header (Number (11,2))
AMT_TPL_SUBM_HDR	Num	This is the TPL submitted from the header (Number (15,2))
AMT_NDC_PROFEE	Num	Amount that the provider receives for dispensing a prescription drug (Number (11,2))
<b>Prescription/Provider/Prescribing date information</b>		
PRESC_PROV_ID	Char	The Prescribing Provider Medicaid ID
PRESC_PROV_NPI	Char	The Prescribing Provider NPI
BILLING_PROV_ID	Char	The Billing Provider Medicaid ID
BILLING_PROV_NPI	Char	The Billing Provider NPI
PRESC_DATE	Date	Date on which prescription was prescribed (mm/dd/yyyy)
NUM_PRESCRIPTION_ID	Char	The number assigned to the prescription by the provider
DISPENSE_DATE	Date	Date on which prescription was filled (mm/dd/yyyy)
NDC_CODE	Char	National drug code for the drug dispensed
QTY_DISPENSE_HDR	Num	This is the quantity dispensed at the header (Number (10,3))
QTY_DISPENSE_DTL	Num	This is the quantity dispensed at the detail of the claim (Number (10,3))
NUM_DAY_SUPPLY	Num	The number of days the prescription should last (Number (9))

MCO: managed care organization; MMIS: Medicaid Management Information System; ID: identifier; Char: characters; Num: numerals; PBM: pharmacy benefit manager; TPL: Third Party Liability; NPI: National Provider Identifier.

## Findings

The NHPRI MMP EDV study call was conducted on June 8, 2023. NHPRI MMP’s system was reviewed for discrepancies of data elements present in the encounter types between the submitted EDV data file and the data submitted to EOHHS. The attendees of the EDV study call included EOHHS, NHPRI MMP, CVS Caremark, and IPRO. Data elements with less than a 90% match rate were reviewed. IPRO reviewed discrepancies and categorized them for each encounter type. Findings are summarized in **Tables 6–10**.

## Surplus and Omitted ICNs

For CY 2023, IPRO identified the omitted and surplus ICNs. The omitted ICNs were identified as the encounters in the MCO’s encounter extract data file that were not present in EOHHS’s Gainwell encounter data file. The surplus ICNs were identified in Gainwell’s encounter data for the audit period that were not present or included on the MCO’s encounter extract data file. Percentages were identified by encounter type for the discrepant records in **Table 6**.

Surplus and omission counts were noted for the CY 2021 EDV study; however, due to the timing of the review of 2021 dates of service and system issues related sequential reordering of line numbers, the detailed review of omitted and surplus discrepancies was not conducted. IPRO will clarify the instructions to modify the scope of work on how to submit the sequential line numbers on the encounter files for future EDV studies.

**Table 6: Count of Surplus and Omitted ICNs per Encounter Type**

Encounter Type <sup>1,2</sup>	Surplus (#)	Omitted (#)
Professional	2,858,535	14,600
Institutional inpatient	41,024	4,732
Institutional outpatient	375,321	409
Pharmacy	2,555,330	261

<sup>1</sup> Surplus internal control numbers (ICNs) are encounters present in EOHHS’s MMIS but not submitted in MCO’s claim/encounter EDV study file.

<sup>2</sup> Omitted ICNs are encounters in MCO’s claim/encounter EDV study file but not present in EOHHS’s MMIS.

EOHHS: Executive Office of Health and Human Services; MMIS: Medicaid Management Information System; MCO: managed care organization; EDV: encounter data validation.

## Professional Encounters and Claims

**Table 7: Professional Data Element Discrepancies and Findings**

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
MCO_NAME	NV	The MCO name was not validated and will be removed from future EDV studies.
PLAN_CODE	NV	Gainwell data included the trading partner ID. For future studies, IPRO will indicate that MCOs should submit the trading partner ID.
MEDICAID_MEMBER_ID	99.57	
ICN	NV	ICN and LINE_NUMBER were utilized to match the EDV study records and the EOHHS data.
MCO_ICN	100	
NUM_ADJ_ICN	100	
LINE_NUMBER	NV	ICN and LINE_NUMBER were utilized to match the EDV study records and the EOHHS data.
DTE_FIRST_SVC_DTL	100	
DTE_LAST_SVC_DTL	100	
PLACESVC	100	
DIAGCD1	100	
DIAGCD2	100	
DIAGCD3	100	

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD4	100	
DIAGCD5	100	
DIAGCD6	97.73	
DIAGCD7	98.53	
DIAGCD8	98.99	
DIAGCD9	99.36	
DIAGCD10	99.58	
DIAGCD11	99.68	
DIAGCD12	99.77	
PTMT_ADJ_DATE	0	<p>NHPRI MMP indicated that only the paid date is provided on 837P, rather than the adjudication date.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell advised that the header paid date is only required when the MCO is reporting header only paid claims. If reporting detail service line is a paid claim, the MCO should not report header paid date, as reporting both dates will cause a compliance issue.</p> <p>For future EDV studies, IPRO will modify the scope of work requirement for the payment adjudication date.</p>
AMT_MCO_PAID_HDR	99.32	
AMT_OTH_INS_PD_HDR	0.22	<p>During the remote meeting, NHPRI MMP indicated that typically other insurance paid information is reported at the detail level.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that the value on the Gainwell data extract includes what is provided by the MCOs and not a calculated/summarized value.</p> <p>IPRO further followed up with Gainwell and provided MCO examples for review.</p>
AMT_MCO_PAID_DTL	99.60	
AMT_OTH_INS_PD_DTL	100	
PROCCODE	100	
QTY_UNITS_BILLED	99.97	
MODIFIER1	99.99	
MODIFIER2	99.99	
MODIFIER3	100	
MODIFIER4	100	
NDC_CODE	99.99	
BILLING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
BILLING_PROV_NPI	89.81	<p>NHPRI MMP indicated that a defect was found during the 2022 internal audit, where rendering provider was sent as billing for a subset of claims.</p> <p>During the remote meeting, it was indicated by NHPRI MMP that the fix is in place effective June 20, 2022. Claims were voided and resubmitted, and some were still pending resubmission.</p> <p>IPRO followed up with Gainwell after the remote meeting to understand the logic behind populating NPIs by encounter type. Gainwell initially advised that the information in the file is from the claim information Gainwell receives from the MCOs on the encounter extract file.</p> <p>IPRO has further followed up with Gainwell and provided Gainwell with examples of discrepancies. IPRO also has requested Gainwell to provide the logic by encounter type for NPIs that need to be submitted by the MCOs on the encounter data extracts.</p>
RENDERING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
RENDERING_PROV_NPI	92.28	
REFERRING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
REFERRING_PROV_NPI	89.32	<p>NHPRI MMP indicated that this data element was submitted on encounters.</p> <p>IPRO followed up with Gainwell after the remote meeting to understand the logic behind populating NPIs by encounter type. Gainwell initially advised that the information in the file is from the claim information Gainwell receives from the MCOs on the encounter extract file.</p> <p>IPRO has further followed up with Gainwell and provided Gainwell with examples of discrepancies. IPRO also has requested Gainwell to provide the logic by encounter type for NPIs that need to be submitted by the MCOs on the encounter data extracts.</p>

Gray shading: < 90% match with MCO discrepancy; light green shading: < 90% match and IPRO to follow up with Gainwell; NV: not validated; MCO: managed care organization; ID: identifier; NPI: National Provider Identifier; ICN: internal control number; EDV: encounter data validation; EOHHS: Executive Office of Health and Human Services; NHPRI MMP: Neighborhood Health Plan of Rhode Island, Integrity Medicare-Medicaid Plan.

## Institutional Inpatient Encounters and Claims

**Table 8: Institutional Inpatient Data Element Discrepancies and Findings**

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
MCO_NAME	NV	The MCO name was not validated and will be removed from future EDV studies.
PLAN_CODE	NV	Gainwell data included the trading partner ID. For future studies, IPRO will indicate that MCOs should submit the trading partner ID.
MEDICAID_MEMBER_ID	NV	MEDICAID_MEMBER_ID was not validated and will be reviewed in future EDV studies.
ICN	NV	ICN and LINE_NUMBER were utilized to match the EDV study records and the EOHHS data.
MCO_ICN	99.78	
NUM_ADJ_ICN	99.78	
LINE_NUMBER	NV	ICN and LINE_NUMBER were utilized to match the EDV study records and the EOHHS data.
DTE_ADMISSION	100	
DTE_DISCHARGE	NV	Date of discharge was not validated and will be reviewed in future EDV studies.
DTE_FIRST_SVC_HDR	100	
DTE_LAST_SVC_HDR	100	
DTE_FIRST_SVC_DTL	100	
DTE_LAST_SVC_DTL	100	
ADMITTYP	100	
DIS_STAT	100	
TYPEBILL	100	<p>IPRO reran the percent discrepancy matching only on the first two digits. The companion guide indicates that MCOs should only submit a frequency code of 1 (original), 7 (replacement), or 8 (void).</p> <p>Due to the discrepancy of the frequency code (the third digit), IPRO proposes only the first two digits be submitted for future EDV studies.</p>
DRG	NV	<p>Gainwell data included a data element labeled RUG_CDE, but the value was missing. IPRO was not able to match any values to the MCO's submitted DRG codes.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that values are being pulled correctly from the database where they are loaded. IPRO further followed up with Gainwell to confirm the correct data field that contains the values for the DRG code.</p>
DIAGCD1	100	
DIAGCD2	94.46	
DIAGCD3	95.01	



Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD4	83.6	NHPRI MMP submits values for DIAGCD4–DIAGCD6 and DIAGCD8 in EDV study file. Gainwell data file contains blanks.  IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that values are being pulled from the MCO extracts, but they are not present on the Gainwell data file. IPRO further followed up with Gainwell with examples of discrepancies to review.
DIAGCD5	86.92	NHPRI MMP submits values for DIAGCD4–DIAGCD6 and DIAGCD8 in EDV study file. Gainwell data file contains blanks.  IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that values are being pulled from the MCO extracts, but they are not present on the Gainwell data file. IPRO further followed up with Gainwell with examples of discrepancies to review.
DIAGCD6	89.75	NHPRI MMP submits values for DIAGCD4–DIAGCD6 and DIAGCD8 in EDV study file. Gainwell data file contains blanks.  IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that values are being pulled from the MCO extracts, but they are not present on the Gainwell data file. IPRO further followed up with Gainwell with examples of discrepancies to review.
DIAGCD7	98.12	
DIAGCD8	96.18	
DIAGCD9	98.24	
DIAGCD10	98.24	
DIAGCD11	98.24	
DIAGCD12	98.24	
DIAGCD13	98.24	
DIAGCD14	98.24	
DIAGCD15	98.24	
DIAGCD16	98.24	
DIAGCD17	98.24	
DIAGCD18	98.24	
DIAGCD19	98.24	
DIAGCD20	98.24	
DIAGCD21	99.44	
DIAGCD22	99.69	
DIAGCD23	99.69	
DIAGCD24	100	
DIAGCD25	100	
SURG1	100	
SURG2	100	
SURG3	100	
SURG4	100	
SURG5	100	
SURG6	100	

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
SURGDTE1	100	
SURGDTE2	100	
SURGDTE3	100	
SURGDTE4	100	
SURGDTE5	100	
SURGDTE6	100	
PTMT_ADJ_DATE	0	<p>NHPRI MMP indicated that only the paid date is provided, rather than the adjudication date.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell advised that the header paid date is only required when the MCO is reporting header only paid claims. If reporting detail service line is a paid claim, the MCO should not report header paid date, as reporting both dates will cause a compliance issue.</p> <p>For future EDV studies, IPRO will modify the scope of work requirement for the payment adjudication date.</p>
PAIDDATE_HDR	0	<p>NHPRI MMP indicated that the paid date is only submitted at the detail level unless it is a global reimbursement claim, in which case, for the EDV study, the max on PAIDDATE_DTL was submitted on the header.</p> <p>For future EDV studies, IPRO will modify the scope of work requirement for the paid date header, advising the MCOs how to submit.</p>
AMT_MCO_PAID_HDR	0.09	<p>There were two findings related with the discrepancy:</p> <ol style="list-style-type: none"> <li>1. NHPRI MMP submitted the sum of the paid amount of all lines. During the remote meeting, it was confirmed that this is an EDV extraction pull issue, since this was summing up all the detail level lines to populate the header.</li> <li>2. IPRO followed up with Gainwell after the remote meeting to inquire if Gainwell receives and retains values for this data element. Gainwell confirmed that the values will be 0 if the claim is paid at the detail level for AMT_MCO_PAID_HDR and greater than 0 if the claim is paid at the header level.</li> </ol> <p>IPRO will modify the scope of work requirement for the amount MCO paid header.</p>
AMT_OTH_INS_PD_HDR	0.03	<p>NHPRI MMP submitted the sum of other insurance paid amounts across all details. However, Gainwell submitted the sum of both NHPRI MMP paid amounts and other insurance paid amounts.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that the value on the Gainwell data extract includes what is provided by the MCOs and not a calculated/summarized value. IPRO further followed up with Gainwell and provided MCO examples for review.</p>
PAIDDATE_DTL	98.61	

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
AMT_MCO_PAID_DTL	98.43	
AMT_OTH_INS_PD_DTL	100	
PROCCODE	36.27	<p>NHPRI MMP indicated that the core claims system for MMP and its corresponding database store both procedure and revenue code in the same field (PROC_NBR). If the revenue code is unavailable, then the procedure code is present because the procedure code is available in a different field (PROC2_NBR), which should have been used to map when PROC_NBR had revenue code. Hence, the procedure code was submitted on the encounter but not on the IPRO audit file.</p> <p>During the remote meeting, the 837I extract was shared, and it was confirmed that the procedure code was submitted.</p>
UNITS_BILLED	37.41	<p>NHPRI MMP indicated that the primary cause could be database replication issue.</p> <p>During the remote meeting, NHPRI MMP and IPRO discussed examples related to the following two discrepancy reasons:</p> <ul style="list-style-type: none"> <li>• Type of bill: NHPRI MMP explained that the 837 submission is by units. The type of bill 66, which is assisted living, will have units that default to 1, since the 837 does not take “days” as units.</li> <li>• Line number reordering issue: NHPRI MMP explained sequential reordering of line numbers can occur when denied claims are present, which are not reportable. NHPRI MMP further indicated having a reference on the true line number from claim on the 837 (Ref*6R).</li> </ul>
MODIFIER1	100	
MODIFIER2	100	
MODIFIER3	100	
MODIFIER4	100	
REVENUE_CODE	98.4	
NDC_CODE	100	
BILLING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
BILLING_PROV_NPI	87.91	<p>NHPRI MMP indicated that the NPI in the IPRO file is consistent with what was submitted in the encounters. NHPRI MMP also confirmed usually providing what was submitted by providers directly.</p> <p>IPRO followed up with Gainwell after the remote meeting with MCO examples. IPRO has requested Gainwell to provide the logic by encounter type for NPIs that need to be submitted by the MCOs on the encounter data extracts. This information will assist in future EDV studies.</p>
ATTENDING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
ATTENDING_PROV_NPI	1.45	<p>NHPRI MMP indicated that this could be a replication issue within the core system.</p> <p>During the remote meeting, NHPRI MMP confirmed that the EOHHS MMIS does not accept any claims without attending NPI. The claim screen and 837I were pulled up for confirmation. They will resubmit the discrepant claims.</p> <p>As a follow-up, IPRO requested NHPRI MMP to provide an estimated date for the claim resubmissions. NHPRI MMP responded with an explanation stating that the Attending Provider on the adjudicated claim was submitted on the encounters. Amisys (claim processing system) replication systematic issues caused PCP information to be copied into Attending Provider information on the adjudicated claim and hence impacted downstream encounters. The subset claims impacted will be identified by comparing the claim input Attending Provider information to the Attending Provider information on the adjudicated claim and targeted for correction.</p> <p>IPRO followed up with Gainwell after the remote meeting, requesting Gainwell to provide the logic by encounter type for NPIs that need to be submitted by the MCOs on the encounter data extracts. This information will assist in future EDV studies.</p>
RENDERING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
RENDERING_PROV_NPI	NV	Rendering Provider NPI was not validated and will be reviewed in future EDV studies.
REFERRING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
REFERRING_PROV_NPI	100	

Gray shading: < 90% match with MCO discrepancy; yellow shading: < 90% match with MCO reporting study data extraction issue; light green shading: < 90% match and IPRO to follow up with Gainwell; no shading and < 90% match is IPRO/Rhode Island EOHHS/vendor data issue; NV: not validated; MCO: managed care organization; EDV: encounter data validation; ID: identifier; EOHHS: Executive Office of Health and Human Services; DRG: diagnosis-related group; NPI: National Provider Identifier; ICN: internal control number; PCP: primary care provider; NHPRI MMP: Neighborhood Health Plan of Rhode Island, Integrity Medicare-Medicaid Plan.

## Institutional Outpatient Encounters and Claims

**Table 9: Institutional Outpatient Data Element Discrepancies and Findings**

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
MCO_NAME	NV	The MCO name was not validated and will be removed from future EDV studies.
PLAN_CODE	NV	Gainwell data included the trading partner ID. For future studies, IPRO will indicate that MCOs should submit the trading partner ID.
MEDICAID_MEMBER_ID	NV	MEDICAID_MEMBER_ID was not validated and will be reviewed in future EDV studies.
ICN	NV	ICN and LINE_NUMBER were utilized to match the EDV study records and the EOHHS data.
MCO_ICN	100	
NUM_ADJ_ICN	100	
LINE_NUMBER	NV	ICN and LINE_NUMBER were utilized to match the EDV study records and the EOHHS data.
DTE_FIRST_SVC_HDR	100	
DTE_LAST_SVC_HDR	14.16	<p>NHPRI MMP indicated that the header “Service-To-Date” was mapped to the minimum of the line “Service-To-Date” instead of maximum of the line “Service-To-Date.” This was subsequently corrected in January 2022.</p> <p>As a follow-up, IPRO requested to provide with an estimate date of resubmission. NHPRI MMP provided a response stating the need to collaborate with EOHHS to confirm the period of claims for resubmission.</p>
DTE_FIRST_SVC_DTL	54.18	NHPRI MMP indicated that the primary cause for this discrepancy is due to a service line level key in the database, which is used to pull in lines to the encounter. In these instances, the key is expected to be sequential but is not. This causes the lines to be in an unexpected order in the encounter but only impacts some encounters.
DTE_LAST_SVC_DTL	54.18	NHPRI MMP indicated that the primary cause for this discrepancy is due to a service line level key in the database, which is used to pull in lines to the encounter. In these instances, the key is expected to be sequential but is not. This causes the lines to be in an unexpected order in the encounter but only impacts some encounters.
TYPEBILL	100	<p>IPRO reran the percent discrepancy matching only on the first two digits. The companion guide indicates that MCOs should only submit a frequency code of 1 (original), 7 (replacement), or 8 (void).</p> <p>Due to the discrepancy of the frequency code (the third digit), IPRO proposes only the first two digits be submitted for future EDV studies.</p>
DIAGCD1	100	

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD2	4.11	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>
DIAGCD3	8.27	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD4	10.66	<p>NHPRI MMP submits values for DIAGCD4–DIAGCD6 and DIAGCD8 in EDV study file. Gainwell data file contains blanks.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that values are being pulled from the MCO extracts, but they are not present on the Gainwell data file. IPRO further followed up with Gainwell with examples of discrepancies to review.</p>
DIAGCD5	12.95	<p>NHPRI MMP submits values for DIAGCD4–DIAGCD6 and DIAGCD8 in EDV study file. Gainwell data file contains blanks.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that values are being pulled from the MCO extracts, but they are not present on the Gainwell data file. IPRO further followed up with Gainwell with examples of discrepancies to review.</p>
DIAGCD6	14.89	<p>NHPRI MMP submits values for DIAGCD4–DIAGCD6 and DIAGCD8 in EDV study file. Gainwell data file contains blanks.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that values are being pulled from the MCO extracts, but they are not present on the Gainwell data file. IPRO further followed up with Gainwell with examples of discrepancies to review.</p>
DIAGCD7	18.28	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD8	22.59	<p>NHPRI MMP submits values for DIAGCD4–DIAGCD6 and DIAGCD8 in EDV study file. Gainwell data file contains blanks.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that values are being pulled from the MCO extracts, but they are not present on the Gainwell data file. IPRO further followed up with Gainwell with examples of discrepancies to review.</p>
DIAGCD9	27.19	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>
DIAGCD10	31.84	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>



Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD11	36.96	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>
DIAGCD12	42.00	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD13	48.11	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with MHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>
DIAGCD14	55.82	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD15	62.08	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>
DIAGCD16	66.64	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD17	69.96	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>
DIAGCD18	73.22	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (principal and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD19	76.91	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>
DIAGCD20	80.54	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
DIAGCD21	84.08	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI MMP responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>
DIAGCD22	87.25	<p>NHPRI MMP indicated that the primary cause for discrepancy based on initial review is because NHPRI MMP may receive up to 25 diagnosis codes on a claim, but on encounters, the EOHHS requirement/MMIS restricts to 12 diagnosis codes.</p> <p>During the remote meeting, IPRO requested to follow up, providing logic, notes, or procedures for submission of diagnosis codes for institutional claims.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting. NHPRI responded, stating that based on the EOHHS Encounter Data Companion Guide, MMIS can only accept up to 12 diagnosis codes (primary and additional diagnosis codes). For some claims, NHPRI MMP submitted primary and four additional diagnosis codes due to original logic that pulled available data from the data warehouse. Moving forward, NHPRI MMP is working on updating the logic to include up to 12 diagnosis codes when available. Due to the assigned submission schedule from EOHHS and volume constraints in MMIS, NHPRI MMP will coordinate the resubmission effort with EOHHS for historical encounters that exceed five diagnosis codes.</p>
DIAGCD23	91.61	
DIAGCD24	94.67	
DIAGCD25	100	
SURG1	100	
SURG2	100	
SURG3	100	
SURG4	100	
SURG5	100	

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
SURG6	100	
SURGDTE1	100	
SURGDTE2	100	
SURGDTE3	100	
SURGDTE4	100	
SURGDTE5	100	
SURGDTE6	100	
PTMT_ADJ_DATE	0	<p>NHPRI MMP indicated that the payment adjudication date was requested on the IPRO file and reported as such. However, on 837I, only the paid date at the detail level is provided, not the adjudication date.</p> <p>IPRO followed up with NHPRI MMP after the remote meeting.</p> <p>Gainwell advised that the header paid date is only required when the MCO is reporting header only paid claims. If reporting detail service line is a paid claim, the MCO should not report header paid date, as reporting both dates will cause a compliance issue.</p> <p>For future EDV studies, IPRO will modify the scope of work requirement for the payment adjudication date.</p>
PAIDDATE_HDR	0	<p>NHPRI MMP submitted the paid date on the IPRO file and on encounters. It appeared that the paid date at the header is missing from Gainwell data only for claims that are not global reimbursement claims.</p> <p>For future EDV studies, IPRO will modify the scope of work requirement for the paid date header, advising the MCOs how to submit.</p>
AMT_MCO_PAID_HDR	0.77	<p>NHPRI MMP submitted the sum of the paid amount of all lines, which is consistent with what is reported on encounters.</p> <p>IPRO followed up with Gainwell after the remote meeting to inquire if this is a value received and stored from all MCOs or whether only the AMT_MCO_PAID_DTL amount is received. Gainwell confirmed the values will be 0 if the claim is paid at the detail level and greater than 0 if the claim is paid at the header level. AMT_MCO_PAID_DTL is populated when paid at the detail level.</p> <p>For future EDV studies, IPRO will modify the scope of work requirement for the amount MCO paid header.</p>

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
AMT_OTH_INS_PD_HDR	NV	<p>AMT_OTH_INS_PD_HDR was not validated since the data element was not provided to NHPRI MMP and will be reviewed in future EDV studies.</p> <p>IPRO followed up with Gainwell after the remote meeting. Gainwell initially advised that the value on the Gainwell data extract includes what is provided by the MCOs and not a calculated/summarized value. IPRO further followed up with Gainwell and provided MCO examples for review.</p>
PAIDDATE_DTL	41.95	NHPRI MMP indicated that the primary cause for this discrepancy is due to a line level key in the database, which is used to pull in lines to the encounter. In these instances, the key is expected to be sequential but is not. This causes the lines to be in an unexpected order in the encounter but only impacts some encounters.
AMT_MCO_PAID_DTL	76.30	<p>NHPRI MMP indicated that the discrepancy could be two-fold:</p> <ul style="list-style-type: none"> <li>Denied lines were included in the IPRO submission as they reside in the core system, but they are not reportable on encounters per EOHHHS requirements.</li> <li>It may be timing of adjustments issue, as well.</li> </ul>
AMT_OTH_INS_PD_DTL	100	
PROCEDURE_CODE	0	<p>NHPRI MMP indicated that the core claims system for MMP and its corresponding database store both procedure and revenue code in the same field (PROC_NBR). If the revenue code is unavailable, then procedure code is present because the procedure code is available in a different field (PROC2_NBR), which should have been used to map when PROC_NBR had the revenue code. Hence, the procedure code was submitted on the encounter but not on the IPRO audit file.</p> <p>During the remote meeting, the 837I extract was shared, and it was confirmed that the procedure code was submitted.</p>
UNITS_BILLED	60.34	NHPRI MMP indicated that the primary cause for this discrepancy is due to a line level key in the data warehouse, which is used to pull in lines to the encounter. In these instances, the key is expected to be sequential but is not. This causes the lines to be in an unexpected order in the encounter but only impacts some encounters.
MODIFIER1	73.78	<p>NHPRI MMP indicated that the primary cause for this discrepancy is due to a line level key in the data warehouse, which is used to pull in lines to the encounter. In these instances, the key is expected to be sequential but is not. This causes the lines to be in an unexpected order in the encounter but only impacts some encounters.</p> <p>During the remote meeting, the claim screen and 837I extracts were shared. It was confirmed that 837 were submitted with modifiers if provided in the encounter. The REF*6R segment sent on the 837 includes the original line numbers for reference. Gainwell uses LX# instead of the line-item control number from the REF*6R segment as the line number.</p>
MODIFIER2	98.20	



Data Element/Field Name	% Match	Findings for Fields with < 90% Match
MODIFIER3	99.92	
MODIFIER4	100	
REVENUE_CODE	32.73	NHPRI MMP indicated that the primary cause for this discrepancy is due to a line level key in the data warehouse, which is used to pull in lines to the encounter. In these instances, the key is expected to be sequential but is not. This causes the lines to be in an unexpected order in the encounter but only impacts some encounters.
NDC_CODE	96.94	
BILLING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
BILLING_PROV_NPI	100	
RENDERING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
RENDERING_PROV_NPI	NV	Rendering Provider NPI was not validated and will be reviewed in future EDV studies.
REFERRING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
REFERRING_PROV_NPI	94.25	
OPERATING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.  Operating Provider information would not be available on the institutional outpatient encounter data extract. For future EDV studies, IPRO will remove OPERATING_PROV_ID from institutional outpatient and ensure it is included on the institutional inpatient.
OPERATING_PROV_NPI	NV	Operating Provider information would not be available on the Institutional Outpatient encounter data extract. For future EDV studies, IPRO will remove OPERATING_PROV_NPI from institutional outpatient and ensure it is included on the institutional inpatient.

Gray shading: < 90% match with MCO discrepancy; yellow shading: < 90% match with MCO reporting study data extraction issue; light green shading: < 90% match and IPRO to follow up with Gainwell; no shading and < 90% match is IPRO/Rhode Island EOHHS/vendor data issue; NV: not validated; MCO: managed care organization; EDV: encounter data validation; ID: identifier; EOHHS: Executive Office of Health and Human Services; NPI: National Provider Identifier; ICN: internal control number; MMIS: Medicaid Management Information System; NHPRI MMP: Neighborhood Health Plan of Rhode Island, Integrity Medicare-Medicaid.

## Pharmacy Encounters and Claims

**Table 10: Pharmacy Data Element Discrepancies and Findings**

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
MCO_NAME	NV	The MCO name was not validated and will be removed from future EDV studies.

Data Element/Field Name	% Match	Findings for Fields with < 90% Match
PLAN_CODE	NV	Gainwell data included the trading partner ID. For future studies, IPRO will indicate that MCOs should submit the trading partner ID.
MEDICAID_MEMBER_ID	NV	MEDICAID_MEMBER_ID was not validated and will be reviewed in future EDV studies.
ICN	NV	ICN and LINE_NUMBER were utilized to match the EDV study records and the EOHHS data.
MCO_ICN	0	NHPRI MMP indicated that CVS provides partial MCO_ICN (missing last four digits) in NCPDP files. Gainwell data had missing values.  For future EDV studies, IPRO will modify the scope of work requirement for the MCO_ICN, advising the MCOs how to submit.
NUM_ADJ_ICN	100	
LINE_NUMBER	NV	ICN and LINE_NUMBER were utilized to match the EDV study records and the EOHHS data.
DTE_FIRST_SVC	100	
DTE_LAST_SVC	100	
PAIDDATE_HDR	99.99	
AMT_PAID_MCO_HDR	100	
AMT_TPL_SUBM_HDR	100	
AMT_NDC_PROFEE	100	
PRESC_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
PRESC_PROV_NPI	99.99	
BILLING_PROV_ID	NV	MCOs do not submit provider identification numbers on encounter data files. The provider identification numbers were not validated and will be removed from future EDV studies.
BILLING_PROV_NPI	100	
PRESC_DATE	95.47	
NUM_PRESCRIPTION_ID	100	
DISPENSE_DATE	100	
NDC_CODE	99.27	
QTY_DISPENSE_DTL	99.88	
QTY_DISPENSE_HDR	0	NHPRI MMP indicated that quantity dispensed is typically reported at the detail level; hence, quantity dispensed at the header is expected to be blank on the IPRO audit and encounter fields.  For future EDV studies, IPRO will modify the scope of work requirement for QTY_DISPENSE_HDR.
NUM_DAY_SUPPLY	100	

Gray shading: < 90% match with MCO discrepancy; NV: not validated; MCO: managed care organization; EDV: encounter data validation; ID: identifier; EOHHS: Executive Office of Health and Human Services; ICN: internal control number; NCPDP: National Council for Prescription Drug Program.

## Summary of Findings

For the CY 2023 EDV study, based on IPRO's discussion with EOHHS, the following data elements were not validated for this study and will be re-evaluated in future studies:

- MCO\_NAME and PLAN\_CODE data elements were not validated due to naming convention issues and inclusion of trading partners.
- ICN and LINE\_NUMBER data elements were not validated. However, they were utilized to match the EDV study records and the Gainwell data.
- MEDICAID\_MEMBER\_ID was not validated for institutional and pharmacy claim types because Gainwell did not submit this data element. MCOs were populating this field across all claim types.
- DRG, DTE\_DISCHARGE, and RENDERING\_PROV\_NPI were not validated, as they were not included by IPRO on the MCO discrepant institutional inpatient file.
- AMT\_OTH\_INS\_PD\_HDR was not validated, as it was not included by IPRO on the MCO discrepant institutional outpatient file.
- All PROV\_ID data elements (BILLING\_PROV\_ID, RENDERING\_PROV\_ID, REFERRING\_PROV\_ID, ATTENDING\_PROV\_ID, OPERATING\_PROV\_ID, and PRESC\_PROV\_ID) have not been validated for any claim type, as the MCOs do not submit provider identification numbers on encounter data files to EOHHS.

Challenges identified with conducting the EDV study and review of the discrepant data elements by claim type across all medical MCOs included the following:

- For institutional encounter data types, DIAGCD4–DIAGCD6 and DIAGCD8 had valid International Classification of Diseases (ICD) codes populated for this field by MCOs but not by Gainwell. Gainwell initially advised that values are being pulled from the MCO extracts, but they are not present on the Gainwell data file. IPRO further followed up with Gainwell with examples of discrepancies to review.

Challenges identified with conducting the EDV study and review of the discrepant data elements by claim type for NHPRI MMP included the following:

- For institutional encounters, NHPRI MMP had an encounter data extraction issue for institutional inpatient and outpatient for procedure codes (PROCCODE).
- For institutional encounters, NHPRI MMP had discrepant units billed (UNITS\_BILLED) due to a service line level key in the DW that is used to pull in lines to the encounter. The key is expected to be sequential but is not, causing the lines to be in unexpected order. Impact was found on some encounters.
- For institutional encounters, NHPRI MMP identified DTE\_LAST\_SVC\_HDR to be an EDV study data extraction issue due to incorrectly mapping Service-To-Date for institutional outpatient claims.
- For institutional outpatient encounters, NHPRI MMP had discrepancy due to a service line key in the DW that is used to pull in lines to the encounter, affecting data elements DTE\_FIRST\_SVC\_DTL, DTE\_LAST\_SVC\_DTL, PAIDDATE\_DTL, and MODIFIER1. The key is expected to be sequential but is not, causing the lines to be in unexpected order. Impact was found on some encounters.
- For institutional outpatient encounters, DAIGCD2, DIAGCD3, DIAGCD7, and DIAGCD9–DIAGCD22 were identified to be discrepant; even if NHPRI MMP receives twenty-five diagnosis codes, NHPRI MMP only submits the primary diagnosis code and four additional secondary diagnosis codes for some claims, since the EOHHS MMIS can only accept up to 12 diagnosis codes. Moving forward, NHPRI MMP is updating the logic to include up to 12 diagnosis codes when available.

## Follow-up and Next Steps

Based upon IPRO's review of the MCO's EDV study file values for the sampled records, identification and research of the discrepant values, review of the discrepant reason codes received from the MCOs, and discussions with the MCOs and EOHHS during and following the teleconferences, there are areas that require further research by encounter type by the MCOs, EOHHS, Gainwell, and IPRO.

EDV reporting study data extraction issues were identified across encounter types. It is expected that the MCO will address and resolve the data extraction issues with future EDV studies.

IPRO will work closely with EOHHS to revise and clarify the scope of work and data elements requested for future EDV studies. IPRO will provide additional guidance on the reporting of service line reordering on the 837 extracts due to denials of service lines and the reordering of the sequential line numbers, which also impacted the detailed omission and surplus discrepancy analysis.

IPRO will continue to work closely with Gainwell, EOHHS's MMIS, to review the following outstanding discrepancies not resolved by the finalizing of the EDV study report:

- PAIDDATE\_HDR and PTMT\_ADJ\_DATE data elements will be re-evaluated, as MCOs provide paid date information only on the detail level. They also do not provide the adjudication date (PTMT\_ADJ\_DATE); only the paid date (PAIDDATE\_DTL) is submitted.
- IPRO recommends NUM\_ADJ\_ICN be removed from future EDV studies, since Gainwell confirmed that Gainwell assigns a new ICN to the data element when received and that the new ICN is not available to the MCOs.
- IPRO will work with Gainwell to re-evaluate and advise logic for AMT\_MCO\_PAID\_HDR, AMT\_OTH\_INS\_PD\_DTL, and AMT\_OTH\_INS\_PD\_HDR based on 837 submissions, and IPRO will clarify the instructions and modify the scope of work requirements on how to submit these data elements.
- All PROV\_ID data elements (BILLING\_PROV\_ID, RENDERING\_PROV\_ID, REFERRING\_PROV\_ID, ATTENDING\_PROV\_ID, OPERATING\_PROV\_ID, and PRESC\_PROV\_ID) will not be requested in future EDV studies.
- IPRO will compare only the first two characters of the TYPEBILL field, since the third character contains information on whether the encounter was adjusted or voided. IPRO will modify the scope of work requirement for future EDV studies.
- IPRO will work with Gainwell and re-evaluate populating provider NPI by encounter type when the billing, rendering, referring, attending, and operating NPIs need to be submitted by the MCOs on the encounter data extracts. IPRO will clarify the instructions and modify the scope of work requirements on when to submit these data elements based on encounter type.
- OPERATING\_PROV\_NPI will be removed from the institutional outpatient scope of work and included in the institutional inpatient scope of work for future EDV studies.
- All MCOs were affected by MCO\_ICN on pharmacy claim files, where Gainwell had not populated any values. IPRO will modify the scope of work requirement for the MCO\_ICN, advising the MCOs how to submit.
- For pharmacy claims, MCOs indicated that QTY\_DISPENSE\_HDR and QTY\_DISPENSE\_DTL are the same value, but it was requested twice on the IPRO audit. Most MCOs have provided values on NCPDP file under QTY\_DISPENSE\_DTL. IPRO will work with Gainwell and modify the scope of work requirements for future EDV studies.
- Surplus and omission counts were noted for the CY 2023 EDV study; however, due to the timing and system issues related to the sequential reordering of line numbers, IPRO will clarify the instructions and modify the scope of work on how to submit the sequential line numbers on the encounter files for the EDV study.
- For future EDV studies, IPRO will include additional logic to identify if the match is on non-missing values. For example, in the CY 2023 study of professional encounters, IPRO noticed DIAGCD9–DIAGCD12 had missing values on Gainwell's data when provided by MCOs. The data elements DIAGCD9–DIAGCD12 that were missing were inconsistent across MCOs. IPRO has followed up with Gainwell and provided examples of discrepancies for Gainwell to review and address.