State Fiscal Year 2016-17 Florida Encounter Data Validation Study
Plan Data Submission Requirements

Background

The Agency for Health Care Administration (AHCA) contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study during State Fiscal Year (SFY) 2016-2017. The goal of the study is to examine the extent to which encounters submitted to AHCA by its contracted Statewide Medicaid Managed Care (SMMC) plans, including Managed Medical Assistance (MMA) and Specialty plans, collectively referred to as plans, are complete and accurate. Table 1 presents the contracted plans with the associated plan abbreviations and shortened name, included in this study. This document defines specific submission requirements for the data from the plans' data systems.

The SFY 2016–17 EDV study will focus its review on all dental encounters with dental procedure codes (CDT) for children under the age of 21. A detailed methodology for the full EDV study is presented in a separate document.

Table 1—List of Contracted Plans

Plan Name	Plan Abbreviation	Shortened Name
MMA		
Amerigroup Florida, Inc.	AMG-M	Amerigroup
Better Health, Inc.	BET-M	Better Health
Aetna Better Health of Florida, Inc.	COV-M	Aetna
Humana Medical Plan, Inc.	HUM-M	Humana
Molina Healthcare of Florida, Inc.	MOL-M	Molina
Prestige Health Choice	PRS-M	Prestige
South Florida Community Care Network, dba Community Care Plan	NBD-M	CCP
Simply Healthcare Plans, Inc.	SHP-M	Simply
Sunshine State Health Plan, Inc.	SUN-M	Sunshine
UnitedHealthcare of Florida, Inc.	URA-M	United
Wellcare d/b/a Staywell Health Plan of Florida, Inc.	STW-M	Staywell
Specialty		
Children's Medical Services	CMS-S	Children's Medical Services-S
Clear Health Alliance	CHA-S	Clear Health-S

Plan Name	Plan Abbreviation	Shortened Name
Magellan Complete Care	MCC-S	Magellan-S
Sunshine State Health Plan, Inc.	SUN-S	Sunshine-S

Submission Guidelines

- HSAG requests that all data files be submitted to HSAG's secure file transfer protocol (FTP) site at https://fm.hshapps.com. Files should be submitted in the following path:

  \EDV\2016-2017\Data Files

- **Using the exact field names, types, and lengths for the requested data elements is required** in order to facilitate the import process of the submitted files.
- In addition to the data, HSAG is requesting the plan to provide a "Control Totals" file. Appendix A details the specifications for these documents.
- Please upload the complete files and notify HSAG via e-mail at lhinton@hsag.com.
- HSAG will conduct a preliminary file review to confirm accuracy of the data submitted by the plan for the study.[1] If data issues are identified from the initial submission that warrant resubmission, a second review of the resubmitted data will be performed. No more than two data submissions will be allowed.

Questions

- Please direct file submission questions to Eliza Buyong at 602-801-6862, or via e-mail at ebuyong@hsag.com.

Encounter Files

The encounter files should be comprised of all dental encounters with dental procedure codes (CDT) with dates of service from January 1, 2016 to June 30, 2016, for all recipients enrolled in the plans listed in Table 1. The encounter files should contain only encounters that reached their final status and should not include the interim adjustment history. These files will be used to conduct the

[1] To ensure the project is completed on time, HSAG will be limited in the number of times it can process and review plan's submitted data. Each plan will only be allowed to submit its data two times. Each time, HSAG will conduct a cursory review to (1) ensure it conforms to the data file specifications and requirements and (2) meets a minimum level of quality (e.g., reasonably populated fields). Following initial feedback from HSAG, each plan will be allowed to resubmit its data one time. If issues continue to exist in the resubmitted data, information will either be excluded from the study or used "as is" based on a final decision by AHCA.

administrative/comparative analyses and clinical record (i.e., dental record) review. HSAG will evaluate the extent to which values populated for the key data elements in AHCA's data warehouse match those in the plan's submitted files. The key data elements to be evaluated for the EDV study include, but are not limited to the following:

- Recipient ID
- Dates of Service
- Provider ID and NPI
- Procedure Codes (i.e., CDT codes)
- Tooth Number
- Tooth Quadrant
- Tooth Surface

The encounter files that are being requested include:

- Dental
- Institutional
- Professional

File Extract Specifications

Table 2 identifies the specific field qualifications required for extracting the encounter files.

Table 2—Encounter File Specifications

Requirement	Description
Claim Type	Dental, Institutional, and Professional
Plan	All plans listed in Table 1
Dates of Service	**Dental and Professional Files:** January 1, 2016 <= DETAIL FIRST DATE OF SERVICE <= June 30, 2016 **OR** January 1, 2016 <= DETAIL LAST DATE OF SERVICE <= June 30, 2016 **Institutional File:** January 1, 2016 <= UB HEADER DATE OF SERVICE <= June 30, 2016
Data Submission Date	Please include all dental encounters with dental procedure codes (CDT) submitted to AHCA before December 1, 2016
Adjudication	Only the final fully adjudicated encounters submitted to AHCA before December 1, 2016

<table>
<tr><th>Requirement</th><th>Description</th></tr>
<tr><td>File Format</td><td>
1) ASCII text file formatted in a pipe (|) delimited format. Unless it is the last value in a record, a pipe (|) must follow a blank or null value.
2) Please include a file layout, the date of the file extraction, and a final record count in a separate document to confirm that the complete file is transmitted to HSAG.
3) Legend for field types:
<table>
<tr><th>Field type</th><th>Description</th></tr>
<tr><td>A</td><td>Alpha and/or numeric field</td></tr>
<tr><td>L</td><td>Logical field (true or false)</td></tr>
<tr><td>N</td><td>Numeric (numbers only)</td></tr>
<tr><td>D</td><td>Date (MM/DD/YYYY)</td></tr>
</table>
4) Blank fields – fields that the plan does not have data for should be left blank; please do not fill with the word NULL. Include the field, even if it is blank, to ensure the correct number and placing of fields per record.
5) Files should be labeled as:
FL-EDV_SFY2017_<Plan Abbrev>_DENTAL_DATA
FL-EDV_SFY2017_<Plan Abbrev>_INST_DATA
FL-EDV_SFY2017_<Plan Abbrev>_PROF_DATA
</td></tr>
</table>

Minimum Required Data Elements

Tables 3 through 5 identify the minimum data elements being requested in the dental, institutional, and professional encounter files, respectively. Using the exact field names, types, and lengths for these data elements is required in order to facilitate the import process of the submitted files. The list below outlines the minimum data elements that will be used in the EDV study. Please note that additional data elements may be provided at the end of the list of required data elements if they facilitate the extraction process.

Dental File

Table 3 presents the minimum data elements being requested for the Dental file.

Table 3—Dental Encounter File Required Data Elements

Field No.	Field Names	Description	Field Type and Length	Example
1	*PlanProvID* [A]	Plan ID in the ISA segment to indicate the submitting 9-digit ID	A9	055555510
2	*TPID*	Trading partner ID	A6	999999
Recipient Information				
3	*RecipID*	Unique Recipient ID assigned to the Florida Medicaid Program	A10	0123456789
4	*PatAccNo*	Patient account number	A25	M999FLE999999
Encounter Information				
5	*TCN*	Transaction control number - Unique identification number assigned to each encounter by the plan. This is the identification number assigned to the original claim submission by the plan. Please include if available and different from ICN.	A25	201600035050505
6	*ClaimLineNo*	Claim line number of the detail line item	N3	5
7	*ICN*	Unique control number assigned to the invoice to allow tracking through the system	A13	7019999999999
8	*AdjICN*	Adjusted ICN	A13	7018888888888
9	*LastClaimInd*	Last claim indicator	L	Y
10	*ClaimType* [A]	The general type of service that was rendered such as physician, inpatient/outpatient, dental, long term care, and crossover claims	A1	M
Dates of Service				
11	*HFDOS*	The first date on which service was provided at the header level	D	03/15/2016

Field No.	Field Names	Description	Field Type and Length	Example
12	*HLDOS*	The last date on which service was provided at the header level	D	03/15/2016
13	*LFDOS*	The first date on which service was provided at the detail line item	D	03/15/2016
14	*LLDOS*	The last date on which service was provided at the detail line item	D	03/15/2016
Provider Information				
15	*BillProvID*	Medicaid identification number of the billing provider	A9	055555510
16	*BillProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890
17	*RendProvID*	Medicaid identification number of the provider rendering the service	A9	055555510
18	*RendProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890
19	*RendProvSpec*	The reported area of specialization for the provider rendering the service	A3	028
20	*ReferProvID*	Medicaid identification number of the referring provider	A9	055555510
21	*ReferProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890
Place of Service and Procedure Codes				
22	*POS* [A]	Place of service - The location at which a service was rendered such as office, home, emergency room, etc.	A2	11
23	*ProcCode*	Procedure Code (CDT)	A5	D1120
24	*Units*	Units of service	N3	2
Tooth Specific Services				
25	*ToothNumber*	Tooth Number - A code to indicate the tooth on which the service was performed	A2	04
26	*MouthQuad*	Mouth Quadrant - A code to indicate the area of the mouth on which the service was performed	A2	01

Field No.	Field Names	Description	Field Type and Length	Example
27	*ToothSurface1*	Tooth Surface - A code for tooth surface on which the surface was performed	A2	B
28	*ToothSurface2*	Tooth Surface - A code for tooth surface on which the surface was performed	A2	D
29	*ToothSurface3*	Tooth Surface - A code for tooth surface on which the surface was performed	A2	O
30	*ToothSurface4*	Tooth Surface - A code for tooth surface on which the surface was performed	A2	B
31	*ToothSurface5*	Tooth Surface - A code for tooth surface on which the surface was performed	A2	D
32	*ToothSurface6*	Tooth Surface - A code for tooth surface on which the surface was performed	A2	O
Payment Information				
33	*PaidDate_Enc*	Date associated with the assignment of a final disposition for a submitted encounter	D	05/11/2016
34	*PaidDate_Svc*	Date payment was recorded for a submitted claim for services performed	D	05/01/2016
35	*AmountPaid*	This is the plan paid amount from the detail paid claims	N10	22.50
Other Information				
36	*EncClaimStat_AHCA* [A]	Final disposition of the encounter according to the response file from AHCA. Valid values: 01 – Processed as Primary (Regular Medicaid Claims) 02 – Processed as Secondary (Medicare Crossover Claims) 04 – All Denied (Regular & Crossover Claims)	A2	01

Field No.	Field Names	Description	Field Type and Length	Example
		22 – Reversal of a previous claim submission		
37	*EncClaimStat_Plan* [A]	Final disposition of an encounter based on the plan's internal processing. Valid values: P – Paid D – Denied R – Reversed	A1	P
38	*ClaimStat_Plan* [A]	Final disposition of a claim based on payment to the provider for services performed	A10	
39	*ContractInfo*	This information denotes payment arrangement between the provider and the plan.	A2	09
40	*Usermem01*	User Defined. Plan may use this field for any additional dental encounter information	A30	
41	*Usermem02*	User Defined. Plan may use this field for any additional dental encounter information	A30	
[A] Lookup file containing "value" definitions should be included for these fields				

Institutional File

Table 4 presents the minimum data elements being requested for the Institutional file.

Table 4—Institutional Encounter File Required Data Elements

Field No.	Field Names	Description	Field Type and Length	Example
1	*PlanProvID* [A]	Plan ID in the ISA segment to indicate the submitting 9-digit ID	A9	055555510
2	*TPID*	Trading partner ID	A6	999999
Recipient Information				
3	*RecipID*	Unique Florida recipient Medicaid ID assigned to the recipient	A10	0123456789
4	*PatAccNo*	Patient account number	A25	M999FLE999999
Encounter Information				
5	*TCN*	Transaction control number – Unique identification number assigned to each encounter by the plan. This is the identification number assigned to the original claim submission by the plan. Please include if available and different from ICN.	A25	201600035050505
6	*ClaimLineNo*	Claim line number of the detail line item	N3	5
7	*ICN*	Florida Medicaid unique control number assigned to the invoice to allow tracking through the system	A13	7019999999999
8	*AdjICN*	Adjusted ICN	A13	7018888888888
9	*LastClaimInd*	Last claim indicator	L	Y
10	*ClaimType* [A]	The general type of service that was rendered such as physician, inpatient/outpatient, dental, long term care, and crossover claims.	A1	M
Dates of Service				
11	*AdmitDate*	Date of admission	D	03/15/2016

Field No.	Field Names	Description	Field Type and Length	Example
12	*DischDate*	Date of discharge	D	03/15/2016
13	*HFDOS*	The first date on which service was provided at the header level	D	03/15/2016
14	*HLDOS*	The last date on which service was provided at the header level	D	03/15/2016
15	*LFDOS*	Date on which the service began for the detailed line item	D	03/15/2016
16	*LLDOS*	Date on which the service ended for the detailed line item	D	03/15/2016
Bill Type, Discharge Status, and DRG				
17	*BillType*	The UB-92 bill type	A4	110
18	*DischStat*	Discharge status	A2	01 Zero-pad left to make 2-digits.
19	*DRG*	DRG code (three-digit field; please submit if it is an inpatient encounter paid on a DRG rate as reported on the encounter)	A3	311 Zero-pad left to make 3-digits.
ICD-9/ICD-10 Diagnosis and ICD-9/ICD-10 Procedure Codes				
20	*Dx1*	The first diagnosis code (ICD-9/ICD-10 code), i.e., principal diagnosis	A8	V70.0
21	*Dx2*	The second diagnosis code (ICD-9/ICD-10 code)	A8	L89.501
22	*Dx3*	The third diagnosis code (ICD-9/ICD-10 code)	A8	389.00
23	*Dx4*	The fourth diagnosis code (ICD-9/ICD-10 code)	A8	S52.521A
24	*Dx5*	The fifth diagnosis code (ICD-9/ICD-10 code)	A8	V70.0
25	*Dx6*	The sixth diagnosis code (ICD-9/ICD-10 code)	A8	295.01
26	*Dx7*	The seventh diagnosis code (ICD-9/ICD-10 code)	A8	389.00

Field No.	Field Names	Description	Field Type and Length	Example
27	*Dx8*	The eighth diagnosis code (ICD-9/ICD-10 code)	A8	079.53
28	*Dx9*	The ninth diagnosis code (ICD-9/ICD-10 code)	A8	V70.0
29	*Dx10*	The tenth diagnosis code (ICD-9/ICD-10 code)	A8	295.01
30	*Dx11*	The eleventh diagnosis code (ICD-9/ICD-10 code)	A8	389.00
31	*Dx12*	The twelfth diagnosis code (ICD-9/ICD-10 code)	A8	079.53
32	*AdmitDx*	Admitting diagnosis code (ICD-9/ICD-10 code)	A8	295.01
33	*Surg1*	The first surgical code (ICD-9/ICD-10 surgical code)	A8	87.37
34	*Surg2*	The second surgical code (ICD-9/ICD-10 surgical code)	A8	0FB03ZX
35	*Surg3*	The third surgical code (ICD-9/ICD-10 surgical code)	A8	00.12
36	*Surg4*	The fourth surgical code (ICD-9/ICD-10 surgical code)	A8	51.69
37	*Surg5*	The fifth surgical code (ICD-9/ICD-10 surgical code)	A8	87.37
38	*Surg6*	The sixth surgical code (ICD-9/ICD-10 surgical code)	A8	88.01
Provider Information				
39	*BillProvID*	Medicaid identification number of the billing provider	A9	055555510
40	*BillProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890
41	*AttendProvID*	Medicaid identification number of the attending provider	A9	055555510
42	*AttendProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890

Field No.	Field Names	Description	Field Type and Length	Example
43	*OperProvID*	Medicaid identification number of the operating provider	A9	055555510
44	*OperProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890
45	*OperProvSpec*[A]	The reported area of specialization for the operating provider	A3	009
46	*ReferProvID*	Medicaid identification number of the referring provider	A9	055555510
47	*ReferProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890
Revenue Code and Procedure Codes				
48	*RevCode*	Revenue center code	A4	0401 Zero pad left to make 4 digits.
49	*ProcCode*	Procedure Code (CDT)	A5	D1120
50	*Mod1*	The first of up to 4 procedure/service/supplies modifier (if applicable)	A2	25
51	*Mod2*	The second of up to 4 procedure/service/supplies modifier (if applicable)	A2	50
52	*Mod3*	The third of up to 4 procedure/service/supplies modifier (if applicable)	A2	RT
53	*Mod4*	The fourth of up to 4 procedure/service/supplies modifier (if applicable)	A2	LT
54	*Units*	Units of service	N3	2
Drug Data Elements				
55	*NDC*	NDC code that applies to the service	A11	11111111111
56	*DrugQty*	Quantity of the drug indicated by the NDC that is being billed	N3	2
57	*DrugUnitMeas*	Unit of measurement of the drug indicated by NDC	A2	ML

Field No.	Field Names	Description	Field Type and Length	Example
Payment Information				
58	*PaidDate_Enc*	Date associated with the assignment of a final disposition for a submitted encounter	D	05/11/2016
59	*PaidDate_Svc*	Date payment was recorded for a submitted claim for services performed	D	05/11/2016
60	*AmountPaid*	This is the plan paid amount from the detail paid claims	N10	22.50
Other Information				
61	*EncClaimStat_AHCA* [A]	Final disposition of the encounter according to the response file from AHCA. Valid values: 01 – Processed as Primary (Regular Medicaid Claims) 02 – Processed as Secondary (Medicare Crossover Claims) 04 – All Denied (Regular & Crossover Claims) 22 – Reversal of a previous claim submission	A1	P
62	*EncClaimStat_Plan* [A]	Final disposition of an encounter based on the plan's internal processing. Valid values: P – Paid D – Denied R – Reversed	A1	P
63	*ClaimStat_Plan* [A]	Final disposition of a claim based on payment to the provider for services performed	A10	
64	*ContractInfo* [A]	This information denotes payment arrangement between the provider and the plan.	A2	09

Field No.	Field Names	Description	Field Type and Length	Example
65	*Usermem01*	User Defined. Plan may use this field for any additional institutional encounter information	A30	
66	*Usermem02*	User Defined. Plan may use this field for any additional institutional encounter information	A30	
[A] Lookup file containing "value" definitions should be included for these fields				

Professional File

Table 5 presents the minimum data elements being requested for the Professional file.

Table 5—Professional Encounter File Required Data Elements

Field No.	Field Names	Description	Field Type and Length	Example
1	*PlanProvID* [A]	Plan ID in the ISA segment to indicate the submitting 9-digit ID	A9	055555510
2	*TPID*	Trading partner ID	A6	999999
Recipient Information				
3	*RecipID*	Unique Florida recipient Medicaid ID assigned to the recipient	A10	0123456789
4	*PatAccNo*	Patient account number	A25	M999FLE999999
Encounter Information				
5	*TCN*	Transaction control number - Unique identification number assigned to each encounter by the plan. *This is the identification number assigned to the original claim submission by the plan.* *Please include if available and different from ICN.*	A25	201600035050505
6	*ClaimLineNo*	Claim line number of the detail line item	N3	5
7	*ICN*	Florida Medicaid unique control number assigned to the invoice to allow tracking through the system	A13	7019999999999
8	*AdjICN*	Adjusted ICN	A13	7018888888888
9	*LastClaimInd*	Last claim indicator	L	Y
10	*ClaimType* [A]	The general type of service that was rendered such as physician, inpatient/outpatient, dental, long term care, and crossover claims.	A1	M

Field No.	Field Names	Description	Field Type and Length	Example
Dates of Service				
11	*LFDOS*	The first date on which service was provided at the detail line item	D	03/15/2016
12	*LLDOS*	The last date on which service was provided at the detail line item	D	03/15/2016
ICD-9/ICD-10 Diagnosis				
13	*Dx1*	The first diagnosis code (ICD-9/ICD-10 code) (i.e., Principal diagnosis code)	A8	V70.0
14	*Dx2*	The second diagnosis code (ICD-9/ICD-10 code)	A8	L89.501
15	*Dx3*	The third diagnosis code (ICD-9/ICD-10 code)	A8	389.00
16	*Dx4*	The fourth diagnosis code (ICD-9/ICD-10 code)	A8	S52.521A
Provider Information				
17	*BillProvID*	Medicaid identification number of the billing provider	A9	055555510
18	*BillingProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890
19	*RendProvID*	Medicaid identification number of the provider rendering the service	A9	055555510
20	*RendProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890
21	*RendProvSpec*	The reported area of specialization for the provider rendering the service	A3	028
22	*ReferProvID*	Medicaid identification number of the referring provider	A9	055555510
23	*ReferProvNPI*	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	A10	1234567890

Field No.	Field Names	Description	Field Type and Length	Example
Place of service				
24	*POS* [A]	Place of service code - The location at which a service was rendered such as office, home, emergency room, etc.	A2	22
Procedure Code				
25	*ProcCode*	Procedure Code (CPT-4 or HCPCS)	A5	90705
26	*Mod1*	Modifier code - The first of up to 4 procedure/service/supplies modifier (if applicable)	A2	25
27	*Mod2*	Modifier code - The second of up to 4 procedure/service/supplies modifier (if applicable)	A2	50
28	*Mod3*	Modifier code - The third of up to 4 procedure/service/supplies modifier (if applicable)	A2	RT
29	*Mod4*	Modifier code - The fourth of up to 4 procedure/service/supplies modifier (if applicable)	A2	LT
30	*Units*	Units of service	N3	2
Drug Data Elements				
31	*NDC*	NDC code that applies to the service	A11	11111111111
32	*DrugQty*	Quantity of the drug indicated by the NDC that is being billed	N3	2
33	*DrugUnitofMeas*	Unit of measurement of the drug indicated by the NDC	A2	ML
Payment Information				
34	*PaidDate_Enc*	Date associated with the assignment of a final disposition for a submitted encounter	D	05/11/2016
35	*PaidDate_Svc*	Date payment was recorded for a submitted claim for services performed	D	05/01/2016
36	*AmountPaid*	This is the plan paid amount from the detail paid claims	N10	22.50

Field No.	Field Names	Description	Field Type and Length	Example
Other Information				
37	*ContractInfo* [A]	This information denotes payment arrangement between the provider and the plan.	A2	09
38	*EncClaimStat_AHCA* [A]	Final disposition of the encounter according to the response file from AHCA. Valid values: 01 – Processed as Primary (Regular Medicaid Claims) 02 – Processed as Secondary (Medicare Crossover Claims) 04 – All Denied (Regular & Crossover Claims) 22 – Reversal of a previous claim submission	A2	01
39	*EncClaimStat_Plan* [A]	Final disposition of an encounter based on the plan's internal processing. Valid values: P – Paid D – Denied R - Reversed	A1	P
40	*ClaimStat_Plan* [A]	Final disposition of a claim based on payment to the provider for services performed	A10	
41	*Usermem01*	User Defined. Plan may use this field for any additional professional encounter information	A30	
42	*Usermem02*	User Defined. Plan may use this field for any additional professional encounter information	A30	
[A] Lookup file containing "value" definitions should be included for these fields				

Appendix A: Control Total Specifications

To ensure HSAG receives the appropriate number of records, HSAG is requesting the inclusion of a "control totals" document for each of the data files submitted. Table A.1 lists the information required for each submitted file.

Table A.1—Control Total Specifications

Data File	Specifications	N
Encounter Data – Dental		
	Total number of records	
	Count of unique records based on *ICN*	
	Sum of units from *Procedure Code*	
	Sum of *Paid Amount*	
Encounter Data – Institutional		
	Total number of records	
	Count of unique records based on *ICN*	
	Sum of units from *Procedure Code*	
	Sum of *Paid Amount*	
Encounter Data – Professional		
	Total number of records	
	Count of unique records based on *ICN*	
	Sum of units from *Procedure Code*	
	Sum of *Paid Amount*	