

22. ENCOUNTER DATA REPORTING

Overview

The State requires all full risk and partial capitation managed care plans which serve Medicaid recipients to collect and submit data on encounters for all contracted services. The Medicaid Encounter Data System (MEDS) data is a valuable source of information for monitoring MCO performance within and across counties and MCOs, in evaluating The Partnership Plan's success in achieving its stated objectives, and in helping the State set capitation rates. In addition, the patient level data available in MEDS provides the opportunity to conduct a variety of outcomes research, and fiscal analyses to evaluate the performance of The Partnership Plan.

A complete description of MEDS, including data elements, definitions, formats, codes, and submission requirements is available on the Health Provider Network (HPN) at <https://commerce.health.state.ny.us/hpn/omc/meds> or by e-mailing omcmeds@health.state.ny.us.

The Medicaid Encounter Data Unit of the Bureau of Program Quality Information and Evaluation (BPQIE) is responsible for the development, implementation, reporting, and analysis of encounter data. In this capacity, the MEDS Unit is responsible for the following:

- Content and specification of encounter data reporting requirements
- Oversight of the development of the transaction system at Computer Sciences Corporation for the intake, processing, and editing of encounter data submissions by MCOs
- Collaboration on the design and development of the data warehouse, integration of encounter and other administrative data systems with DOH Bureau of Computer Systems Development (The Bureau of Computer Systems Development is a bureau in the DOH Information and Health Statistics Group.) Within the Division of Administration, their expertise is the ongoing development of state-of-the-art technological solutions and systems in support of DOH priorities and management information needs. They are providing the technical computer systems support for the MEDS project, specifically in computer design, product review and selection, and in the physical implementation and maintenance of the data warehouse servers. They work closely with BPQIE staff to assist in the technical aspects of the data warehouse development.
- Training and technical assistance to managed care plans on implementation of encounter data reporting requirements and the use and interpretation of MEDS quarterly reports
- Monitoring compliance of MCOs with encounter data reporting requirements and coordinating necessary actions to achieve full compliance
- Design, production, and dissemination of standard reports

- Processing requests for access to encounter data
- Collaboration with the external review agent on data validation studies

The success of the system and continued improvements in reporting and data quality is dependent on continual feedback and access to information by MCOs and State program managers. Standard reports are disseminated on a quarterly basis and data query capabilities are available for ad hoc reporting. All reports provide comparative information by MCOs within each local district, as well as local district and Statewide summaries for the reporting quarter and year-to-date. Project-staff have continual contact with MCO managers to discuss encounter data reports, findings, and additional information needs.

MEDS handles approximately 60 million encounter records and 36 million monthly enrollment profile records per year. Approximately 2.5 million SPARCS inpatient discharge records and 290,000 Vital Statistics birth records will also be integrated into the warehouse.

MEDS Minimum Data Set

Minimum data set elements have been specified for each of four encounter types:

1. Institutional: Encounters extracted from electronic media 837I format or UB-92 paper claims (Encounter Type = "I"). Institutional encounters are reflective of both inpatient (COS 11) and non-inpatient services.
2. Pharmacy: Encounters extracted from NCPDP format or Universal Pharmacy paper claims (Encounter Type = "D").
3. Dental: Encounters extracted from electronic media 837D format or ADA paper claims (Encounter Type = "T").
4. Professional: Encounters extracted from electronic media 837P format or CMS-1500 paper claims (Encounter Type = "P").

Required elements by encounter type can be found on the HPN as above.

The MEDS minimum data set is supplemented with information from the Medicaid eligibility data set which contains information on enrollee demographics, managed care plan identifier, eligibility category, and claim and capitation dollars each month.

In addition, the inpatient encounter record is supplemented with data from the Department's inpatient discharge data system (SPARCS) which includes information on co-morbidities and complications, all procedures performed, and fiscal data associated with the hospital stay.

Vital Statistics birth record information will be linked to encounter birth events to provide detailed information about the mother's health status, prenatal care, birth complications, and birth outcomes.

Data Validation and Editing

The accuracy of submitted encounter records is checked through computerized edit processes established by Computer Sciences Corporation. The MEDS II Supplemental Manual on Applicable Edits is available on the HPN as above.

A comprehensive response file that identifies accepted and rejected encounters is sent to the MCOs after each submission. Records and record lines that fail the edits are identified to the MCOs on submission edit reports. An adjustment and void process enables the MCOs to make corrections to previously submitted data.

Encounter Data Evaluation

Encounter data was validated by the External Quality Review Organization. The objective was to investigate and document each managed care organization's processes and systems for collecting encounter data from providers of healthcare services and submitting this information to support quality monitoring activities. Data validation of the managed care organization's administrative systems and processes was critical to ensure that the encounter data submitted to the State were complete and accurate reflections of the care provided to Medicaid beneficiaries, to minimize instances where the editing process will reject data for data quality deficiencies, and to ensure that the report templates and quality measures accurately reflect the data that are truly comparable across all plans. Some of the key activities included:

- Designing an encounter data validation process that ensures the accuracy, completeness, and integrity of encounter data by comparing encounter data with the managed care plan's administrative data
- Developing systems to validate self-reported encounter data against medical records
- Maintaining a system of tracking the audits and validation process
- Providing feedback to the State and the managed care plans on the results of an audit
- Providing technical assistance on how to improve deficiencies
- Determining the amount of under reporting of encounters, by using other data systems (SPARCS, QARR, MMCOR, etc.) to cross validate
- Investigating reasons and causes of under-reporting
- Developing processes and technical assistance on methods to improve the quality of encounter data

Monitoring, Corrective Actions, and Sanctions

Monitoring of compliance with MEDS reporting requirements occurs on an ongoing basis. Data response files are prepared by Computer Sciences Corporation, which handles encounter data intake and editing. The response file provides a detailed response to each record submitted.

To facilitate compliance, specific training and continuing technical assistance is provided to MCOs on reporting specifications. Timely comparative information and feedback from the

MEDS Project to MCOs is provided to assist in monitoring MCO performance and improving encounter submissions. MEDS reports are posted on the HPN.

22. ENCOUNTER DATA REPORTING (FHP)

FHPlus MCOs collect and submit data on encounters for all contracted services in all existing reports. These reports have been modified to capture data submitted on behalf of FHPlus enrollees. The indemnity plan submits claims data for the services it provides to FHPlus members. Similar to encounter data, claims data allow the SDOH to determine the number and types of services received by members. The designated third party entities providing family planning services in FHPlus are also required to report information on the type and number of procedures provided to FHPlus members.