



Department of  
Medicaid

# 2022 Encounter Data Study for Managed Care Plans – Aggregate

Final

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## Table of Contents

<b>Introduction</b> .....	<b>3</b>
<b>Methodology</b> .....	<b>4</b>
Encounter Data Validation Study Methodology .....	4
Interviews with MCP/MCOPs.....	4
Data File Layout Request .....	5
<b>Findings by Claim Type</b> .....	<b>15</b>
<b>Summary of Findings</b> .....	<b>36</b>
Challenges Across Claim Types for all MCP/MCOPs .....	36
Challenges Specific to Individual MCP/MCOPs .....	36

## List of Tables

Table 1: Professional Claims File Fields.....	5
Table 2: Institutional Claims File – Inpatient Fields .....	7
Table 3: Institutional Claims File – Outpatient Fields .....	9
Table 4: Dental Claims File Fields.....	12
Table 5: Pharmacy Claims File Fields .....	13
Table 6: Aggregate Medicaid Professional Data Element Discrepancies and Findings .....	15
Table 7: Aggregate MyCare Ohio Professional Data Element Discrepancies and Findings .....	16
Table 8: Aggregate Medicaid Institutional Inpatient Data Element Discrepancies and Findings.....	19
Table 9: Aggregate MyCare Ohio Institutional Inpatient Data Element Discrepancies and Findings.....	22
Table 10: Aggregate Medicaid Institutional Outpatient Data Element Discrepancies and Findings .....	27
Table 11: Aggregate MyCare Institutional Outpatient Data Element Discrepancies and Findings .....	30
Table 12: Aggregate Medicaid Dental Data Element Discrepancies and Findings .....	33
Table 13: Aggregate MyCare Dental Data Element Discrepancies and Findings.....	34
Table 14: Aggregate Medicaid Pharmacy Data Element Discrepancies and Findings .....	35
Table 15: Aggregate MyCare Pharmacy Data Element Discrepancies and Findings .....	35

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## Introduction

The Ohio Department of Medicaid (ODM) has partnered with its external quality review organization (EQRO), IPRO, to conduct a managed care plan (MCP) and MyCare Ohio plan (MCOP) encounter data validation (EDV) study.

The Centers for Medicare and Medicaid Services (CMS) encourages states to implement the voluntary EDV protocol due to the need for overall valid and reliable encounter data as part of any state quality improvement efforts. As federal programs transition toward payment reform for demonstrated quality of care, validation of encounter data in the use of performance data will become increasingly important. Transparency of payment and delivery of care is a significant part of healthcare reform. EDV can help states reach the goals of transparency and payment reform to support their efforts in quality measurement and improvement.

EDV is an ongoing process, involving the MCP/MCOPs, state encounter data unit, and the EQRO. Encounter data reporting improvements are an ongoing project across federal and state healthcare agencies. Encounter data that are accurate and reliable can lead agencies to drive healthcare improvements that can positively affect the overall population and those who have high-risk health issues. Yearly EDV activities conducted by state agencies or EQROs can help to identify incomplete data, perform missing-data quality checks, and assess frequency and impact of late encounter data submissions.

ODM collects encounter data from the MCP/MCOPs; encounter submissions include all paid (original, corrected, and adjusted) encounter data and some partial paid or denied encounter data, as defined by ODM. All data reported and collected are housed within the state Medicaid Information Technology System (MITS). IPRO, as ODM's contracted EQRO, receives monthly data extracts of these encounter submissions to fulfill various projects and reporting needs, and loads into and maintains the data in a data warehouse (DW).

Annual validity studies are carried out by IPRO on behalf of ODM to assess the completeness, accuracy, and reliability of the received encounter data. The state fiscal year (SFY) 2022 EDV study compared the MCP/MCOPs dental, pharmacy, inpatient, and professional encounter data to the data housed in IPRO's DW that originated from Ohio MITS and received from Gainwell Technologies.

## Methodology

IPRO requested MCP/MCOP claims data residing in MCP/MCOPs claims system for the periods of services January 1 to December 31, 2020 for all encounter types and fields included in **Tables 1–5**. The SFY 2022 EDV study was conducted for the following participating Medicaid MCPs and MCOPs:

- Aetna Better Health of Ohio (Aetna) – MCOP;
- Buckeye Health Plan (Buckeye) – Medicaid MCP and MCOP;
- CareSource – Medicaid MCP and MCOP;
- Molina Healthcare of Ohio, Inc. (Molina) – Medicaid MCP and MCOP;
- Paramount *Advantage* (Paramount) – Medicaid MCP; and
- UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare) – Medicaid MCP and MCOP.

IPRO requested that the MCP/MCOPs provide all encounters with dates of service from January 1 to December 31, 2020, and submitted to the state between January 1, 2020, and September 30, 2021. The MCP/MCOPs were requested to select all claims adjudicated by the MCP/MCOPs/vendors; the claims provided to IPRO included encounter submissions including all paid (original, corrected, adjusted/voided, and paid at \$0) encounter data and partial payments denied at the line level and paid at the header level. IPRO provided the MCP/MCOPs documentation identifying the logic to be utilized in the identification of the claims to be selected. The MCP/MCOPs submitted the claims by claim type to IPRO. IPRO provided the MCP/MCOPs the identifying data elements that IPRO used to compare to the claims IPRO receives and stores on the monthly vendor extracts. IPRO only reviewed discrepant records from the prior report (issued June 2021) shaded yellow (< 90% match and an MCP/MCOP reporting study data extraction issue) and grey shading (< 90% match and an MCP/MCOP discrepancy).

## Encounter Data Validation Study Methodology

IPRO utilized the following methodology for the EDV study:

1. The MCP/MCOPs submitted all data elements in **Tables 1–5** by claim type obtained from their adjudicated source claims that corresponded to the period selected by IPRO. To verify the source claims data, IPRO requested the MCP/MCOPs include the internal control number (ICN), if available, obtained by the MCP/MCOPs when the encounter was submitted to MITS.
2. IPRO imported the MCP/MCOP files into SAS® and stored the different encounter types separately.
3. IPRO compared the MCP/MCOP source data to the encounter data received by ODM/Gainwell Technologies.
4. IPRO identified the discrepancies by comparing the source data for each data element. IPRO identified differences between the data element (**Tables 1–5**) values from the source data and the data element values included in IPRO's DW. Discrepancies were identified by data element.
5. Data elements with less than a 90% match rate were reviewed. IPRO reviewed discrepancies and categorized them for each encounter type (**Tables 6–15**).
6. IPRO selected a sample of 1,000 records for each encounter type and data element discrepancy category identified for each MCP/MCOP. IPRO provided counts of all discrepancies by discrepancy category to ODM and the MCP/MCOPs.

## Interviews with MCP/MCOPs

IPRO scheduled teleconferences with ODM and the MCP/MCOPs to discuss and review the following:

- a review of the claim discrepancies identified by IPRO;
- a discussion as to whether any of their claims system for EDV submission processes changed;
- a review of discrepant records comparing IPRO DW results to MCP claims screen and the 834 file string.

The MCP/MCOPs provided details on how several sample ICNs were adjudicated and displayed on their claim adjudication system and how each ICN's data elements appeared on the 837 and National Council for Prescription Drug Program (NCPDP) encounter extracts submitted to ODM.

## Data File Layout Request

The MCP/MCOPs were provided the file layouts for each of the following file types:

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

### Professional Claims File

**Table 1** defines the fields for the professional claims to be submitted by the MCP/MCOPs.

**Table 1: Professional Claims File Fields**

Professional Claims Field Name	Type	Description
PLAN_ID	Char	MCP Provider Medicaid ID
RECIPIENT_ID	Char	Unique number assigned to the recipient (12-digit Medicaid billing number)
NUM_HIC_SUB	Char	The recipient's Health Insurance Claim (HIC) number (i.e., Medicare ID) <b>Note: Only displayed on a MyCare encounter claim.</b>
ENC_TYPE	Char	This field delineates between the different types of encounters for Medicaid Managed Care or MyCare Ohio: Y—Medicaid Managed Care C—MyCare Part D D—MyCare Ohio Medicaid E—MyCare Ohio Medicare
TCN	Char	This is the claims transaction number from the MCP's system.
ICN	Char	Unique control number assigned by ODM to the original claim without any spaces or hyphens. The format is RRYJJBBSSS where RR is the claim region; YY is the last two digits of the calendar year; JJJ is the Julian date of the claim receipt; BBB is the batch number, and SSS is the sequence number of the invoice within the batch.
NUM_ADJ_ICN	Char	This is the ICN of the original claim, if the claim is an adjustment.
NUM_CMS_ICN	Char	Unique claim number assigned by CMS and present on MyCare encounters received from CMS. <b>Note: CMS ICN only pertains to MyCare Ohio Medicaid encounter claim and MyCare Ohio Medicare claim</b>
LINE_NUMBER	Num	This is the detail number for the specific detail on the claim (Number(4)).
DTE_FIRST_SVC_DTL	Date	Date on which the statement period on the claim began for the detailed line item (mm/dd/yyyy) Dispense Date
DTE_LAST_SVC_DTL	Date	Date on which the statement period on the claim ended for the detailed line item (mm/dd/yyyy) Dispense Date
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	First 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	Eight diagnosis
DIAGCD9	Char	Ninth diagnosis
Payment Information		
PAY_ARR_HDR	Char	This is the MCP payment arrangement at the claim level. Code from the 837

Professional Claims Field Name	Type	Description
		transaction identifying the payment arrangement for the encounter. Valid values are: 02 - Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 – Other Unknown or Not Applicable
AMT_PAID_MCO_HDR	Num	This is the MCP paid amount from the header for header paid claims. Total paid amount of the claim (Number(15,2))
PAY_ARR_DTL	Char	This is the MCP payment arrangement at the detail level. Code from the 837 transaction identifying the payment arrangement for the encounter. Valid values are: 02 - Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 – Other Unknown or Not Applicable
PAIDDATE_HDR	Date	Paid date (mm/dd/yyyy) from the header for header paid claims.
AMT_PAID_MCO_DTL	Num	This is the MCP paid amount from the detail for detail paid claims. Total paid amount of the line item (Number(11,2))
PAID_DATE_DTL	Date	Date paid (mm/dd/yyyy) at the detailed line item
AMT_PAT_LIAB_DTL		<b>DO NOT SUBMIT THIS YEAR</b>
AMT_TPL_SUBM_DTL	Num	This is the TPL submitted amount from the detail (Number(15,2))
<b>Procedure Code Information</b>		
PROCCODE1	Char	Procedure/supplies/service code (i.e., CPT-4, CDT, and/or HCPCS)
QTY_UNITS_BILLED	Num	The units of service billed at the detail (Number(9,2))
MODIFIER1	Char	The first of up to 4 procedure/service/supplies modifier (if applicable)
MODIFIER2	Char	The second of up to 4 procedure/service/supplies modifier (if applicable)
MODIFIER3	Char	The third of up to 4 procedure/service/supplies modifier (if applicable)
MODIFIER4	Char	The fourth of up to 4 procedure/service/supplies modifier (if applicable)
<b>NDC 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	This is the billing provider Medicaid ID
BILLING_PROV_NPI	Char	This is the billing provider NPI
RENDERING_PROV_ID	Char	This is the Rendering Provider Medicaid ID
RENDERING_PROV_NPI	Char	This is the Rendering Provider NPI
REFERRING_PROV_ID	Char	This is the Referring Provider Medicaid ID
REFERRING_PROV_NPI	Char	This is the Referring Provider NPI

MCP: managed care plan; MCOP: MyCare Ohio plan; ID: identification; ODM: Ohio Department of Medicaid; ICN: internal control number; CMS: Centers for Medicare and Medicaid Services; Char: characters; Num: numerals; CPT: Current Procedural Terminology; CDT: Code on Dental Procedures and Nomenclature; HCPCS: Healthcare Common Procedure Coding System; NDC: National Drug Code; NPI: National Provider Identifier.

## Institutional Claims File – Inpatient

Table 2 defines the fields for the institutional claims to be submitted by the MCP/MCOPs.

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

Institutional Claims File – Inpatient Field Name	Type	Description
PLAN_ID	Char	MCP/MCOP Provider Medicaid ID
RECIP_ID	Char	Unique number assigned to the recipient (12-digit Medicaid billing number)
NUM_HIC_SUB	Char	The recipient’s Health Insurance Claim (HIC) number (i.e., Medicare ID) Note: Only displayed on a MyCare encounter claim.
ENC_TYPE	Char	This field delineates between the different types of encounters for Medicaid Managed Care or MyCare Ohio: Y—Medicaid Managed Care C—MyCare Part D D—MyCare Ohio Medicaid E—MyCare Ohio Medicare
TCN	Char	This is the claims transaction number from the MCP’s/MCOP’s system
ICN	Char	Unique control number assigned by ODM to the original claim without any spaces or hyphens. The format is RRYJJBBSSS where RR is the claim region; YY is the last two digits of the calendar year; JJJ is the Julian date of the claim receipt; BBB is the batch number, and SSS is the sequence number of the invoice within the batch.
NUM_ADJ_ICN	Char	This is the ICN of the original claim, if the claim is an adjustment
NUM_CMS_ICN	Char	Unique claim number assigned by CMS and present on MyCare encounters received from CMS. Note: CMS ICN only pertains to MyCare Ohio Medicaid encounter claim and MyCare Ohio Medicare claim.
LINE_NUMBER	Num	This is the detail number for the specific detail on the claim (Number(4))
DTE_ADMISSION	Date	Date that the recipient was admitted by the provider for inpatient care or outpatient services (mm/dd/yyyy)
DTE_DISCHARGE	Date	Date that the recipient was discharged by the provider for inpatient care or outpatient services (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	Num	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	Discharge status
TYPEBILL	Char	Type of bill
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 Diagnosis (based on the header level diagnosis)</b>		
DIAGCD1	Char	First diagnosis
DIAGCD2	Char	Second diagnosis
DIAGCD3	Char	Third diagnosis
DIAGCD4	Char	Fourth diagnosis
DIAGCD5	Char	Fifth diagnosis

Institutional Claims File – Inpatient Field Name	Type	Description
DIAGCD6	Char	Sixth diagnosis
DIAGCD7	Char	Seventh diagnosis
DIAGCD8	Char	Eighth diagnosis
DIAGCD9	Char	Ninth diagnosis
Procedure 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
SURG7	Char	Surgical code 7
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)
SURGDTE7	Date	Surgical date 7 (mm/dd/yyyy)
Payment Information		
PAY_ARR_HDR	Char	This is the MCP/MCOP payment arrangement at the claim level. Code from the 837 transaction identifying the payment arrangement for the encounter. Valid values are: 01 – Diagnosis Related Group (DRG) 02 – Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 – Other Unknown or Not Applicable
IND_HDR_DTL	Char	This field indicates if the claim was paid at the header (value of H) or detail (value of D) level.
PAIDDATE_HDR	Date	Paid date (mm/dd/yyyy) from the header for header paid claims
AMT_MCO_PAID_HDR	Num	This is the MCP/MCOP paid amount from the header for header paid claims. Total paid amount of the claim (Number(11,2))
AMT_TPL_SUBM_HDR	Num	The Third Party Liability submitted amount from the header for header paid claims (Number(15,2))
AMT_PAT_LIAB_HDR		<b>DO NOT SUBMIT THIS YEAR</b>
AMT_CO_PAY_HDR	Num	This is the copay amount from the header for header paid claims (Number(11,2))
PAIDDATE_DTL	Date	Paid date (mm/dd/yyyy) from the detail for detail paid claims
AMT_MCO_PAID_DTL	Num	This is the MCP/MCOP paid amount from the detail for detail paid claims. Total paid amount of the line item (Number(11,2))
AMT_TPL_SUBM_DTL	Num	This is the Third Party Liability submitted amount from the detail for detail paid claims (Number(15,2))
AMT_PAT_LIAB_DTL		<b>DO NOT SUBMIT THIS YEAR</b>
Procedure Code, Revenue Code and NDC		
PROCCODE	Char	Procedure code (if applicable)



Institutional Claims File – Inpatient Field Name	Type	Description
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)
RCC	Char	Revenue center code
CDE_NDC	Char	The national drug code for the drug dispensed on the institutional claim (if present)
<b>Provider Information</b>		
BILLING_PROV_ID	Char	This is the Billing Provider Medicaid ID
BILLING_PROV_NPI	Char	This is the Billing Provider NPI
ATTENDING_PROV_ID	Char	This is the Attending Provider Medicaid ID
ATTENDING_PROV_NPI	Char	This is the Attending Provider NPI
REFERRING_PROV_ID	Char	This is the Referring Provider Medicaid ID
REFERRING_PROV_NPI	Char	This is the Referring Provider NPI
OPERATING_PROV_ID	Char	This is the Operating Provider Medicaid ID
OPERATING_PROV_NPI	Char	This is the Operating Provider NPI

MCP: managed care plan; MCOP: MyCare Ohio plan; ID: identification; ODM: Ohio Department of Medicaid; ICN: internal control number; CMS: Centers for Medicare and Medicaid Services; Char: characters; Num: numerals; DRG: diagnosis related group; ICD-10: International Classification of Diseases, Tenth Revision; NPI: National Provider Identifier.

### Institutional Claims File – Outpatient

**Table 3** defines the fields for the Institutional Outpatient claims to be submitted by the MCP/MCOPs.

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

Institutional Claims File – Outpatient Field Name	Type	Description
PLAN_ID	Char	MCP/MCOP Provider Medicaid ID
RECIP_ID	Char	Unique number assigned to the recipient (12-digit Medicaid billing number)
NUM_HIC_SUB	Char	The recipient’s Health Insurance Claim (HIC) number (i.e., Medicare ID) Note: Only displayed on a MyCare encounter claim.
ENC_TYPE	Char	This field delineates between the different types of encounters for Medicaid Managed Care or MyCare Ohio: Y—Medicaid Managed Care C—MyCare Part D D—MyCare Ohio Medicaid E—MyCare Ohio Medicare
TCN	Char	This is the claims transaction number from the MCP’s/MCOP’s system
ICN	Char	Unique control number assigned by ODM to the original claim without any spaces or hyphens. The format is RRYJJJBBSSS where RR is the claim region; YY is the last two digits of the calendar year; JJJ is the Julian date of the claim receipt; BBB is the batch number, and SSS is the sequence number of the invoice within the batch.
NUM_ADJ_ICN	Char	This is the ICN of the original claim, if the claim is an adjustment
NUM_CMS_ICN	Char	Unique claim number assigned by CMS and present on MyCare

Institutional Claims File – Outpatient Field Name	Type	Description
		encounters received from CMS. Note: CMS ICN only pertains to MyCare Ohio Medicaid encounter claim and MyCare Ohio Medicare claim.
LINE_NUMBER	Num	This is the detail number for the specific detail on the claim (Number(4))
DTE_ADMISSION-if present	Date	Date that the recipient was admitted by the provider for inpatient care or outpatient services (mm/dd/yyyy) -if present
DTE_DISCHARGE	Date	Date that the recipient was discharged by the provider for inpatient care or outpatient services (mm/dd/yyyy) -if present
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	Num	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-if present
DIS_STAT	Char	Discharge status-if present
TYPEBILL	Char	Type of bill
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) -if present
<b>ICD-10 Diagnosis (based on the header level diagnosis)</b>		
DIAGCD1	Char	First 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
<b>Procedure 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
SURG7	Char	Surgical code 7
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)
SURGDTE7	Date	Surgical date 7 (mm/dd/yyyy)

Institutional Claims File – Outpatient Field Name	Type	Description
<b>Payment Information</b>		
PAY_ARR_HDR	Char	This is the MCP/MCOP payment arrangement at the claim level. Code from the 837 transaction identifying the payment arrangement for the encounter. Valid values are: 01 – Diagnosis Related Group (DRG) 02 – Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 – Other Unknown or Not Applicable
IND_HDR_DTL	Char	This field indicates if the claim was paid at the header (value of H) or detail (value of D) level.
PAIDDATE_HDR	Date	Paid date (mm/dd/yyyy) from the header for header paid claims
AMT_MCO_PAID_HDR	Num	This is the MCP/MCOP paid amount from the header for header paid claims. Total paid amount of the claim (Number(11,2))
AMT_TPL_SUBM_HDR	Num	The Third Party Liability submitted amount from the header for header paid claims (Number(15,2))
AMT_PAT_LIAB_HDR		<b>DO NOT SUBMIT THIS YEAR</b>
AMT_CO_PAY_HDR	Num	This is the copay amount from the header for header paid claims (Number(11,2))
PAIDDATE_DTL	Date	Paid date (mm/dd/yyyy) from the detail for detail paid claims
AMT_MCO_PAID_DTL	Num	This is the MCP/MCOP paid amount from the detail for detail paid claims. Total paid amount of the line item (Number(11,2))
AMT_TPL_SUBM_DTL	Num	This is the Third Party Liability submitted amount from the detail for detail paid claims (Number(15,2))
AMT_PAT_LIAB_DTL		<b>DO NOT SUBMIT THIS YEAR</b>
<b>Procedure Code, Revenue Code and NDC</b>		
PROCCODE	Char	Procedure code (if applicable)
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)
RCC	Char	Revenue center code
CDE_NDC	Char	The national drug code for the drug dispensed on the institutional claim (if present)
<b>Provider Information</b>		
BILLING_PROV_ID	Char	This is the Billing Provider Medicaid ID
BILLING_PROV_NPI	Char	This is the Billing Provider NPI
ATTENDING_PROV_ID	Char	This is the Attending Provider Medicaid ID
ATTENDING_PROV_NPI	Char	This is the Attending Provider NPI
REFERRING_PROV_ID	Char	This is the Referring Provider Medicaid ID
REFERRING_PROV_NPI	Char	This is the Referring Provider NPI

Institutional Claims File – Outpatient Field Name	Type	Description
OPERATING_PROV_ID	Char	This is the Operating Provider Medicaid ID
OPERATING_PROV_NPI	Char	This is the Operating Provider NPI

MCP: managed care plan; MCOP: MyCare Ohio plan; ID: identification; ODM: Ohio Department of Medicaid; ICN: internal control number; CMS: Centers for Medicare and Medicaid Services; Char: characters; Num: numerals; DRG: diagnosis related group; ICD-10: International Classification of Diseases, Tenth Revision; NPI: National Provider Identifier.

## Dental Claims File

**Table 4** defines the fields for the dental claims to be submitted by the MCP/MCOPs.

**Table 4: Dental Claims File Fields**

Dental Claims File Field Name	Type	Description
PLAN_ID	Char	MCP Provider Medicaid ID
RECIPIENT_ID	Char	Unique number assigned to the recipient (12-digit Medicaid billing number)
NUM_HIC_SUB	Char	The recipient's Health Insurance Claim (HIC) number (i.e., Medicare ID) Note: Only displayed on a MyCare encounter claim.
ENC_TYPE	Char	This field delineates between the different types of encounters for Medicaid Managed Care or MyCare Ohio: Y—Medicaid Managed Care C—MyCare Part D D—MyCare Ohio Medicaid E—MyCare Ohio Medicare
TCN	Char	This is the claims transaction number from the MCP's system.
ICN	Char	Unique control number assigned by ODM to the original claim without any spaces or hyphens. The format is RRYJJBBSSS where RR is the claim region; YY is the last two digits of the calendar year; JJ is the Julian date of the claim receipt; BB is the batch number, and SS is the sequence number of the invoice within the batch.
NUM_ADJ_ICN	Char	This is the ICN of the original claim, if the claim is an adjustment.
NUM_CMS_ICN	Char	Unique claim number assigned by CMS and present on MyCare encounters received from CMS. Note: CMS ICN only pertains to MyCare Ohio Medicaid encounter claim and MyCare Ohio Medicare claim.
LINE_NUMBER	Num	This is the detail number for the specific detail on the claim (Number(4)).
DTE_FIRST_SVC	Date	Date on which the statement period on the claim began for the detailed line item (mm/dd/yyyy)
DTE_LAST_SVC	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>		
PAY_ARR_HDR	Char	This is the MCP payment arrangement at the claim level. Code from the 837 transaction identifying the payment arrangement for the encounter. Valid values are: 02 - Per Diem 03 - Variable Per Diem 04 - Flat 05 - Capitated 06 - Percent 09 - Other Unknown or Not Applicable
AMT_PAID_MCO_HDR	Num	This is the MCP paid amount from the header for header paid claims. Total

Dental Claims File Field Name	Type	Description
		paid amount of the claim (Number(15,2))
PAY_ARR_DTL	Char	This is the MCP payment arrangement at the detail level. Code from the 837 transaction identifying the payment arrangement for the encounter. Valid values are: 02 - Per Diem 03 – Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 – Other Unknown or Not Applicable
PAIDDATE_HDR	Date	Paid date (mm/dd/yyyy) from the header for header paid claims.
AMT_PAID_MCO_DTL	Num	This is the MCP paid amount from the detail for detail paid claims. Total paid amount of the line item (Number(11,2))
PAID_DATE_DTL	Date	Date paid (mm/dd/yyyy) at the detailed line item
AMT_PAT_LIAB_DTL		<b>DO NOT SUBMIT THIS YEAR</b>
AMT_TPL_SUBM_DTL	Num	This is the TPL submitted amount from the detail (Number(15,2))
Procedure Code Information		
PROCCODE1	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 4 procedure/service/supplies modifier (if applicable)
MODIFIER2	Char	The second of up to 4 procedure/service/supplies modifier (if applicable)
MODIFIER3	Char	The third of up to 4 procedure/service/supplies modifier (if applicable)
MODIFIER4	Char	The fourth of up to 4 procedure/service/supplies modifier (if applicable)
Provider Information		
BILLING_PROV_ID	Char	This is the billing provider Medicaid ID
BILLING_PROV_NPI	Char	This is the billing provider NPI
RENDERING_PROV_ID	Char	This is the Rendering Provider Medicaid ID
RENDERING_PROV_NPI	Char	This is the Rendering Provider NPI
REFERRING_PROV_ID	Char	This is the Referring Provider Medicaid ID
REFERRING_PROV_NPI	Char	This is the Referring Provider NPI

MCP: managed care plan; MCOP: MyCare Ohio plan; ID: identification; ODM: Ohio Department of Medicaid; ICN: internal control number; CMS: Centers for Medicare and Medicaid Services; Char: characters; Num: numerals; DRG: diagnosis related group; ICD-10: International Classification of Diseases, Tenth Revision; NPI: National Provider Identifier.

## Pharmacy Claims File

Table 5 defines the fields for the pharmacy claims to be submitted by the MCP/MCOPs.

Table 5: Pharmacy Claims File Fields

Pharmacy Claims File Field Name	Type	Description
PLAN_ID	Char	MCP Provider Medicaid ID
RECIP_ID	Char	Unique number assigned to the recipient (12-digit Medicaid billing number)
NUM_HIC_SUB	Char	The recipient's Health Insurance Claim (HIC) number (i.e., Medicare ID) Note: Only displayed on a MyCare encounter claim.
ENC_TYPE	Char	This field delineates between the different types of encounters for Medicaid Managed Care or MyCare Ohio: Y—Medicaid Managed Care C—MyCare Part D

Pharmacy Claims File Field Name	Type	Description
		D—MyCare Ohio Medicaid E—MyCare Ohio Medicare
TCN	Char	This is the claims transaction number from the MCPs' system.
ICN	Char	Unique control number assigned by ODM to the original claim without any spaces or hyphens. The format is RRYJJBBSSS where RR is the claim region; YY is the last two digits of the calendar year; JJJ is the Julian date of the claim receipt; BBB is the batch number, and SSS is the sequence number of the invoice within the batch.
NUM_ADJ_ICN	Char	This is the ICN of the original claim, if the claim is an adjustment
NUM_CMS_ICN	Char	Unique claim number assigned by CMS and present on MyCare encounters received from CMS. Note: CMS ICN only pertains to MyCare Ohio Medicaid encounter claim and MyCare Ohio Medicare claim.
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/MCP paid the provider for the claim (mm/dd/yyyy)
AMT_PAID_MCO_HDR	Num	This is the PBM/MCP 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_PAT_LIAB_HDR		<b>DO NOT SUBMIT THIS YEAR</b>
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	This is the Prescribing Provider Medicaid ID
PRESC_PROV_NPI	Char	This is the Prescribing Provider NPI
BILLING_PROV_ID	Char	This is the Billing Provider Medicaid ID
BILLING_PROV_NPI	Char	This is 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	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))

MCP: managed care plan; MCOP: MyCare Ohio plan; ID: identification; ODM: Ohio Department of Medicaid; ICN: internal control number; CMS: Centers for Medicare and Medicaid Services; Char: characters; Num: numerals; PBM: pharmacy benefits manager; TPL: third party liability; NPI: National Provider Identifier.

## Findings by Claim Type

**Table 6** details the Medicaid **professional** discrepant data elements results for the current study. Only Buckeye, CareSource and Paramount had elements to review this year.

**Table 6: Aggregate Medicaid Professional Data Element Discrepancies and Findings**

Field Name	Buckeye Medicaid % Match	Buckeye Medicaid < 90% Match	CareSource Medicaid % Match	CareSource Medicaid < 90% Match	Paramount Medicaid % Match	Paramount Medicaid < 90% Match
DIAGCD2	83.55%	EDV reporting study data extraction issue. DX1-4 was being extracted based on the diagnosis that was pointed to.	N/A	N/A	N/A	N/A
DIAGCD3	87.49%	EDV reporting study data extraction issue. DX1-4 was being extracted based on the diagnosis that was pointed to.	N/A	N/A	N/A	N/A
DIAGCD4	90.92%	N/A	N/A	N/A	N/A	N/A
DIAGCD5	100.00%	N/A	N/A	N/A	N/A	N/A
MODIFIER1	54.10%	EDV reporting study data extraction issue. Included M1 prefix when creating extract file.	N/A	N/A	N/A	N/A
PAY_APR_DTL	99.89%	N/A	0.40%	EDV reporting study data extraction issue. CS is submitting the proper code to ODM but used old logic for this study.	N/A	N/A
PAY_APR_HDR	94.84%	N/A	0.40%	EDV reporting study data extraction issue. CS is submitting the proper code to ODM but used old logic for this study.	N/A	N/A
REFERRING_PROV_NPI	52.00%	Encounter issue – Logic fixed after 7/1/2021 –	N/A	N/A	N/A	N/A

Field Name	Buckeye Medicaid % Match	Buckeye Medicaid < 90% Match	CareSource Medicaid % Match	CareSource Medicaid < 90% Match	Paramount Medicaid % Match	Paramount Medicaid < 90% Match
		Did not need to correct previously submitted encounters.				
BILLING_PROV_NPI	N/A	N/A	N/A	N/A	98.59%	N/A
TCN	N/A	N/A	0%	EDV reporting study data extraction issue. Addition of characters CS uses to differentiate vendors claims ID were not pulled for this study. IPRO DW is correct.	N/A	N/A

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

Table 7 details the MyCare Ohio professional discrepant data elements results for the current study.

Table 7: Aggregate MyCare Ohio Professional Data Element Discrepancies and Findings

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
AMT_PAID_MCO_DTL	N/A	N/A	N/A	N/A	70.62%	EDV reporting study data extraction issue. IPRO to clarify data request for next EDV study to request Medicaid amount.	N/A	N/A	N/A	N/A
DTE_FIRST_SVC_DTL	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	99.94%	N/A



Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
DTE_LAST_SVC_DTL	N/A	N/A	N/A	N/A	N/A	N/A	99.06%	N/A	99.18%	N/A
DIAGCD2	N/A	N/A	80.08%	EDV reporting study data extraction issue. DX1-4 was being extracted based on the diagnosis that was pointed to.	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD3	N/A	N/A	84.47%	EDV reporting study data extraction issue. DX1-4 was being extracted based on the diagnosis that was pointed to.	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD4	N/A	N/A	87.76%	EDV reporting study data extraction issue. DX1-4 was being extracted based on the diagnosis	N/A	N/A	N/A	N/A	N/A	N/A

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
				that was pointed to.						
DIAGCD5	N/A	N/A	99.99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MODIFIER1	N/A	N/A	67.66%	EDV reporting study data extraction issue. Included M1 prefix when creating extract file.	N/A	N/A	N/A	N/A	N/A	N/A
PAY_APR_DTL	57.10%	The values were populated incorrectly on 837 submitted to ODM. Correction expected February 2022.	99.83%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PAY_APR_HDR	N/A	N/A	98.16%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
REFERRING_PROV_NPI	N/A	N/A	52.80%	Encounter issue. This was noted last year and the logic was corrected after 7/1/21. ODM did not require claims to be	N/A	N/A	N/A	N/A	N/A	N/A

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
				resubmitted.						
TCN	N/A	N/A	N/A	N/A	0%	EDV reporting study data extraction issue. Addition of characters CS uses to differentiate vendors claims ID were not pulled for this study. IPRO DW is correct.	N/A	N/A	N/A	N/A

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

**Table 8** details the Medicaid **institutional inpatient** discrepant data elements results for the current study. Note that UnitedHealthcare did not have any discrepant records to review.

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

Field Name	Buckeye Medicaid % Match	Buckeye Medicaid < 90% Match	CareSource Medicaid % Match	CareSource Medicaid < 90% Match	Molina Medicaid % Match	Molina Medicaid < 90% Match	Paramount Medicaid % Match	Paramount Medicaid < 90% Match
ATTENDING_PROV_NPI	0.26%	EDV reporting study data extraction issue.	N/A	N/A	N/A	N/A	N/A	N/A
DTE_ADMISSION	99.91%	N/A	100.00%	N/A	78.13%	EDV reporting study data extraction issue. Molina reported they	100.00%	N/A

Field Name	Buckeye Medicaid % Match	Buckeye Medicaid < 90% Match	CareSource Medicaid % Match	CareSource Medicaid < 90% Match	Molina Medicaid % Match	Molina Medicaid < 90% Match	Paramount Medicaid % Match	Paramount Medicaid < 90% Match
						mistakenly sent outpatient claims on the inpatient file. Molina response: Molina will revise their logic to pull DTE_ADMISSION to avoid this issue on next year's study. This issue was limited to this study and occurred when Institutional claims were separated into outpatient and inpatient buckets.		
DIAGCD5	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD6	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD7	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD8	99.99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD9	99.99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIS_STAT	99.78%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PAY_ARR_HDR	0%	EDV reporting study data extraction issue. To be updated for next year's study. Buckeye submitted alpha instead of numeric.	2.28%	EDV reporting study data extraction issue. CS is submitting the proper code to ODM but used old logic for this study.	N/A	N/A	N/A	N/A
IND_HDR_DTL	83.54%	N/A	99.09%	N/A	N/A	N/A	N/A	N/A
MODIFIER1	99.95%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCC	0%	EDV reporting study data	N/A	N/A	N/A	N/A	N/A	N/A

Field Name	Buckeye Medicaid % Match	Buckeye Medicaid < 90% Match	CareSource Medicaid % Match	CareSource Medicaid < 90% Match	Molina Medicaid % Match	Molina Medicaid < 90% Match	Paramount Medicaid % Match	Paramount Medicaid < 90% Match
		extraction issue. Buckeye adds a leading 0 to 837 submission.						
TCN	N/A	N/A	0%	EDV reporting study data extraction issue. Addition of characters CS uses to differentiate vendors claims ID were not pulled for this study. IPRO DW is correct.	N/A	N/A	N/A	N/A
TYPEBILL	100.00%	N/A	0%	EDV reporting study data extraction issue. Submitted properly on 837.	N/A	N/A	100.00%	N/A
UNITS_BILLED	76.25%	EDV reporting study data extraction issue. Encounter did match what was on the claims system.	N/A	N/A	N/A	N/A	N/A	N/A

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

**Table 9** details the MyCare Ohio **institutional inpatient** discrepant data elements results for the current study. Note that UnitedHealthcare did not have any discrepant records to review.

**Table 9: Aggregate MyCare Ohio Institutional Inpatient Data Element Discrepancies and Findings**

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
ATTENDING_PROV_NPI	N/A	N/A	0.11%	EDV reporting study data extraction issue. Wrong field was pulled.	N/A	N/A	99.2%	N/A	N/A	N/A
ADMITTYP	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
AMT_CO_PA Y_HDR	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
ATTENDING_PROV_NPI	N/A	N/A	N/A	N/A	N/A	N/A	99.20%	N/A	N/A	N/A
DTE_FIRST_S VC_HDR	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
DTE_LAST_SV C_HDR	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
PROCCODE	N/A	N/A	N/A	N/A	N/A	N/A	99.44%	N/A	N/A	N/A
UNITS_BILLE D	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
AMT_TPL_SU BM_DTL	N/A	N/A	N/A	N/A	99.96%	N/A	N/A	N/A	N/A	N/A
DIAGCD1	N/A	N/A	99.99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD2	N/A	N/A	99.98%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD3	N/A	N/A	99.73%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD4	N/A	N/A	99.74%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD5	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD6	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD7	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD8	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD9	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIS_STAT	N/A	N/A	47.15%	EDV reporting study data extraction issue.	N/A	N/A	100.00%	N/A	N/A	N/A
DTE_ADMISSI	N/A	N/A	48.46%	EDV reporting	100.00%	N/A	41.18%	EDV reporting	N/A	N/A

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
ON				study data extraction issue. Buckeye discrepancies were related to long term care claims where the dte_admission was not submitted on the EDV study.				study data extraction issue. Molina reported they mistakenly sent outpatient claims on the institutional inpatient EDV study file. Molina response: Molina will revise their logic to pull DTE_ADMISSION to avoid this issue on next year's study. This issue was limited to this study and occurred when Institutional claims were separated into outpatient and inpatient buckets.		
DTE_DISCHARGE	0%	Field is not required to be submitted to ODM on 837	44.44%	Field is not required to be submitted to ODM on 837	99.78%	N/A	69.35%	Field is not required to be submitted to ODM on 837	N/A	N/A

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
		file. To be removed from future EDV studies.		file. To be removed from future EDV studies.				file. To be removed from future EDV studies. Molina response: Although DTE_DISCHARGE will not be required for future EDV studies, Molina identified the root cause of this issue. It is related to Discharge Status 30, which indicates that the member is still inpatient. Molina should have populated NULL values for claims with Discharge Status 30.		
DTE_FIRST_SVC_DTL	N/A	N/A	N/A	N/A	N/A	N/A	78.01%	Claim sample does not match IPRO DW, After ODM review, Molina 837	N/A	N/A



Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
								data is in ODM System but line items don't match exactly. Possible cause type of bill 223 SNF. Molina response: Although DTE_FIRST_SV C_DTL is not required for future EDV studies, Molina will be ready to populate this field correctly if required in future.		
DTE_LAST_SV C_DTL	N/A	N/A	4.24%	Only first date is submitted at detail level. Per ODM companion guide only submit the from date on the detail level. Last date only submitted on header record. Field to be excluded from future studies.	0.53%	Only first date is submitted at detail level. Per ODM companion guide only submit the from date on the detail level. Last date only submitted on header record. Field to be excluded from future studies.	65.35%	Only first date is submitted at detail level. Per ODM companion guide only submit the from date on the detail level. Last date only submitted on header record. Field to be excluded from future studies. Molina response: Although	N/A	N/A

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
								DTE_LAST_SV C_DTL is not required for future EDV studies, Molina will be ready to populate this field correctly if required in future.		
ENC_TYPE	N/A	N/A	60.14%	This field is not submitted on 837. Calculated by ODM. Remove this field for future studies	N/A	N/A	N/A	N/A	N/A	N/A
MODIFIER1	N/A	N/A	45.44%	EDV reporting study data extraction issue. Included M1 prefix when creating extract file.	N/A	N/A	N/A	N/A	N/A	N/A
MODIFIER2	N/A	N/A	58.02%	EDV reporting study data extraction issue.	N/A	N/A	N/A	N/A	97.39	N/A
NUM_ADJ_ICN	N/A	N/A	58.36%	EDV reporting study data extraction issue. CMS ICN was pulled.	N/A	N/A	N/A	N/A	N/A	N/A
PAY_ARR_HDR	N/A	N/A	0%	EDV reporting study data	N/A	N/A	N/A	N/A	N/A	N/A

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
				extraction issue.						
RCC	N/A	N/A	0%	EDV reporting study data extraction issue. Buckeye adds a leading 0 on 837 submission.	N/A	N/A	100.00%	N/A	N/A	N/A
UNITS_BILLED	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
RECIP_ID	N/A	N/A	99.99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TCN	N/A	N/A	100.00%	N/A	0%	EDV reporting study data extraction issue. Addition of characters CS uses to differentiate vendors claims ID were not pulled for this study. IPRO DW is correct.	N/A	N/A	N/A	N/A

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

**Table 10** details the Medicaid **institutional outpatient** discrepant data elements results for the current study. Note that UnitedHealthcare did not have any discrepant records to review.

**Table 10: Aggregate Medicaid Institutional Outpatient Data Element Discrepancies and Findings**

Field Name	Buckeye Medicaid % Match	Buckeye Medicaid < 90% Match	CareSource Medicaid % Match	CareSource Medicaid < 90% Match	Molina Medicaid % Match	Molina Medicaid < 90% Match	Paramount Medicaid % Match	Paramount Medicaid < 90% Match
ATTENDING_PROV_NPI	0.44%	EDV reporting	N/A	N/A	N/A	N/A	N/A	N/A

Field Name	Buckeye Medicaid % Match	Buckeye Medicaid < 90% Match	CareSource Medicaid % Match	CareSource Medicaid < 90% Match	Molina Medicaid % Match	Molina Medicaid < 90% Match	Paramount Medicaid % Match	Paramount Medicaid < 90% Match
		data extraction issue.						
DIAGCD5	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD6	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD7	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD8	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD9	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIS_STAT	98.80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DTE_ADMISSION	NA	N/A	N/A	N/A	N/A	N/A	99.56%	N/A
IND_HDR_DTL	0%	This field is not submitted on the 837 file. ODM derives the field. Remove from future EDV studies.	0.00%	This field is not submitted on the 837 file. ODM derives the field. Remove from future EDV studies.	N/A	N/A	N/A	N/A
MODIFIER1	80.02%	EDV reporting study data extraction issue. Included M1 prefix when creating extract file.	N/A	N/A	N/A	N/A	N/A	N/A
PAY_ARR_HDR	99.55%	N/A	3.90%	EDV reporting study data extraction issue.	N/A	N/A	N/A	N/A
RCC	0%	EDV reporting study data extraction issue. Buckeye adds a leading 0 to	NA	N/A	N/A	N/A	N/A	N/A

Field Name	Buckeye Medicaid % Match	Buckeye Medicaid < 90% Match	CareSource Medicaid % Match	CareSource Medicaid < 90% Match	Molina Medicaid % Match	Molina Medicaid < 90% Match	Paramount Medicaid % Match	Paramount Medicaid < 90% Match
		837 submission.						
TCN	N/A	N/A	0%	EDV reporting study data extraction issue. Addition of characters CS uses to differentiate vendors claims ID were not pulled for this study. IPRO DW is correct.	N/A	N/A	N/A	N/A
TYPEBILL	100.00%	N/A	0%	EDV reporting study data extraction issue. Submitted properly to ODM on 837.	N/A	N/A	100.00%	N/A
UNITS_BILLED	84.08%	EDV reporting study data extraction issue.	N/A	N/A	N/A	N/A	N/A	N/A

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

**Table 11** details the MyCare **institutional outpatient** discrepant data elements results for the current study. Note that UnitedHealthcare did not have any discrepant records to review.

**Table 11: Aggregate MyCare Institutional Outpatient Data Element Discrepancies and Findings**

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
ADMITTYP	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
AMT_CO_PAY_HDR	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
ATTENDING_PROV_NPI	N/A	N/A	N/A	N/A	N/A	N/A	97.81%	N/A	N/A	N/A
DIAGCD5	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD6	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD7	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD8	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIAGCD9	N/A	N/A	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIS_STAT	N/A	N/A	90.27%	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
MODIFIER2	N/A	N/A	92.48%	N/A	N/A	N/A	N/A	N/A	99.97%	N/A
PAY_ARR_HDR	N/A	N/A	99.29%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RECIP_ID	N/A	N/A	99.99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
AMT_TPL_SUBM_HDR	N/A	N/A	N/A	N/A	86.12%	Encounter issue – Logic fixed after 7/1/2021 – Did not need to correct previously submitted encounters.	N/A	N/A	N/A	N/A
ATTENDING_PROV_NPI	N/A	N/A	0.46%	EDV reporting study data extraction issue.	N/A	N/A	N/A	N/A	N/A	N/A
DTE_ADMISSION	N/A	N/A	N/A	N/A	83.06%	Field is not required to be submitted to ODM on 837 file. To be removed	N/A	N/A	N/A	N/A

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
						from future EDV studies.				
DTE_DISCHARGE	N/A	N/A	N/A	N/A	N/A	N/A	96.79%	N/A	N/A	N/A
DTE_FIRST_SVC_DTL	N/A	N/A	N/A	N/A	N/A	N/A	98.72%	N/A	N/A	N/A
DTE_FIRST_SVC_HDR	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
DTE_LAST_SVC_DTL	N/A	N/A	N/A	N/A	83.06%	Only first date is submitted at detail level. Per ODM companion guide only submit the from date on the detail level. Last date only submitted on header record. Field to be excluded from future studies.	98.71	N/A	N/A	N/A
ENC_TYPE	N/A	N/A	60.28%	This field is not submitted on 837. Calculated by ODM. Remove this field for future	N/A	N/A	N/A	N/A	N/A	N/A

Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
				studies						
MODIFIER1	N/A	N/A	75.04%	EDV reporting study data extraction issue. Included M1 prefix when creating extract file.	N/A	N/A	N/A	N/A	N/A	N/A
NUM_ADJ_ICN	N/A	N/A	59.01%	EDV reporting study data extraction issue. Was populated CMS ICN.	N/A	N/A	N/A	N/A	N/A	N/A
RCC	N/A	N/A	0%	EDV reporting study data extraction issue. Buckeye adds a leading 0 to 837 submission.	N/A	N/A	100.00%	N/A	N/A	N/A
TCN	N/A	N/A	100.00%	N/A	0%	EDV reporting study data extraction issue. Addition of characters CS uses to differentiate vendors	N/A	N/A	N/A	N/A



Field Name	Aetna MyCare % Match	Aetna MyCare < 90% Match	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
						claims ID were not pulled for this study. IPRO DW is correct.				
UNITS_BILLED	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
PROCCODE	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A
DTE_LAST_SVC_HDR	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A	N/A

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

**Table 12** details the Medicaid **dental** discrepant data elements results for the current study. Note that only CareSource had any discrepant records to review.

**Table 12: Aggregate Medicaid Dental Data Element Discrepancies and Findings**

Field Name	CareSource Medicaid % Match	CareSource Medicaid < 90% Match
PAY_ARR_DTL	100.00%	N/A
PAY_ARR_HDR	100.00%	N/A
TCN	0%	EDV reporting study data extraction issue. Addition of characters CS uses to differentiate vendors claims ID were not pulled for this study. IPRO DW is correct.

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

**Table 13** details the MyCare **dental** discrepant data elements results for the current study. Note that only CareSource and United had any discrepant records to review.

**Table 13: Aggregate MyCare Dental Data Element Discrepancies and Findings**

Field Name	CareSource MyCare % Match	CareSource MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
PAY_ARR_DTL	3.51%	EDV reporting study data extraction issue. For capitated data CS was submitting 09 (other) to the state previously, they now updated it to 05 (capitated), it is a default value. Facets system does not capture this information.	N/A	N/A
PAY_ARR_HDR	3.51%	EDV reporting study data extraction issue. For capitated data CS was submitting 09 (other) to the state previously, they now updated it to 05 (capitated), it is a default value. Facets system does not capture this information.	N/A	N/A
PLACESVC	N/A	N/A	78.89%	UHC is not submitting codes 22 (OP), 31(SNF), 32(NF). UHC defaults to 11 for these places of services. UHC to correct process to include these codes.

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

**Table 14** details the Medicaid **pharmacy** discrepant data elements results for the current study. Buckeye and Molina did not have any discrepant records to review.

**Table 14: Aggregate Medicaid Pharmacy Data Element Discrepancies and Findings**

Field Name	CareSource Medicaid % Match	CareSource Medicaid < 90% Match	Paramount Medicaid % Match	Paramount Medicaid < 90% Match	United Medicaid % Match	United Medicaid < 90% Match
RECIP_ID	100.00%	N/A	N/A	N/A	N/A	N/A
AMT_NDC_PROFEE	N/A	N/A	98.70%	N/A	N/A	N/A
AMT_PAID_MCO_HDR	N/A	N/A	98.69%	N/A	N/A	N/A
NUM_PRESCRIPTION_ID	N/A	N/A	100.00%	N/A	N/A	N/A
PAIDDATE_HDR	N/A	N/A	N/A	N/A	94.00%	N/A

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

**Table 15** details the MyCare **pharmacy** discrepant data elements results for the current study. Aetna did not have any discrepant records to review.

**Table 15: Aggregate MyCare Pharmacy Data Element Discrepancies and Findings**

Field Name	Buckeye MyCare % Match	Buckeye MyCare < 90% Match	CareSource MyCare % Match	CareSource MyCare < 90% Match	Molina MyCare % Match	Molina MyCare < 90% Match	United MyCare % Match	United MyCare < 90% Match
RECIP_ID	100%	N/A	90.89	N/A	100%	N/A	N/A	N/A
TCN	92.34%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NUM_CMS_ICN	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
PAIDDATE_HDR	N/A	N/A	N/A	N/A	94.00%	N/A	96.73%	N/A

MCP: managed care plan; EDV: encounter data validation; DW: data warehouse; ODM: Ohio Department of Medicaid; NV: not validated for the study; CS: CareSource; MITS: Medicaid Information Technology System; N/A: not applicable; ID: identification; grey shading: < 90% match and an MCP/MCOP discrepancy; yellow shading: < 90% match and an MCP/MCOP reporting study data extraction issue; no shading and < 90% match is an IPRO/ODM/vendor data issue.

## Summary of Findings

Based upon IPRO's review of the MCP/MCOP EDV study file values for the sampled records, identification and research of the discrepant values, review of the discrepant reason codes received from the MCP/MCOPs, and discussions with the MCP/MCOP and ODM during and following the teleconferences, there are no major encounter data issues. However, there are areas that require further research by encounter type by the MCP/MCOPs, and ODM and IPRO.

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

### Challenges Across Claim Types for all MCP/MCOPs

#### Professional

The majority of issues were related to the extraction of data for this EDV study. Only two MCP/MCOPs had encounter issues with a total of two elements affected. Those errors were scheduled to be corrected at this time.

#### Institutional Inpatient

Only data extraction issues for this EDV study are noted for this claim type. The following fields were discrepant, but after further review by ODM and IPRO, it was determined that they are not required to be submitted on the 837I (Institutional) extract per the ODM companion guide and will be excluded from future studies: DTE\_DISCHARGE and DTE\_LAST\_SVC\_DTL. For future studies IPRO will include a note in the file requirements that DTE\_Admission will not be required to be collected for long term care services.

#### Institutional Outpatient

With the exception of one field from an MCOP that has since been corrected, all discrepancies were related to data extraction issues for this EDV study.

#### Dental

Only four discrepancy issues were noted with the dental files, of which one was an encounter error for a plan that will need to be corrected moving forward for the PLACESVC field.

#### Pharmacy

There were no data discrepancies for any of the fields reviewed from the prior EDV study.

### Challenges Specific to Individual MCP/MCOPs

Data elements across all claim types in the findings tables highlighted in yellow have been identified as a plan-reporting issue. Possible explanations for the discrepancies could be because the claims files submitted to IPRO for this study contained missing, erroneous, or unexpected data for the fields requested. These claims files do not need to be resubmitted at this time; however, they have been flagged to indicate the error. Data elements across all claim types in the findings tables highlighted in grey have been identified as either a plan-reporting issue or a potential issue with actual encounter data submitted by the MCP/MCOP to the MITS system. ODM may choose to conduct further research on these data elements in future EDV studies with an audit period that would include revisions based on the fiscal year (FY) 2021 and FY 2022 EDV study findings.

#### Aetna

##### Professional

Aetna populated the PAY\_APR\_DTL field incorrectly on the 837 submitted to ODM. A correction to their logic was expected February 2022.

##### Institutional Inpatient

Aetna was not submitting the DTE\_DISCHARGE data, but after further review, this field is not required per the ODM companion guide.

##### Institutional Outpatient

No issues were identified.

## Dental

No issues were identified.

## Pharmacy

No issues were identified.

## Buckeye

### Professional

As in the prior year's EDV study, Buckeye had several data elements that were extracted incorrectly. The DIAGCD2, DIAGCD3 and DIAGCD4 data were being extracted based on the diagnosis that was pointed to. The MODIFIER1 field was extracted incorrectly for this study, as they included an M1 prefix prior to the code. The only true encounter issue was related to the REFERRING\_PROV\_NPI field, where they had a logic issue that was corrected after 7/1/2021 and should be correct for future studies.

### Institutional Inpatient

Buckeye had several data elements that were extracted incorrectly for this EDV study. Specifically, ATTENDING\_PROV\_NPI, DTE\_ADMISSION, IND\_HDR\_DTL, RCC, MODIFIER1, NUM\_ADJ\_ICN and UNITS\_BILLED. There were no data discrepancy issues related to the plan's source claims systems.

### Institutional Outpatient

Buckeye had several data elements that were extracted incorrectly for this EDV study. Specifically, ATTENDING\_PROV\_NPI, PAY\_ARR\_HDR, RCC, MODIFIER1, MODIFIER2, NUM\_ADJ\_ICN and UNITS\_BILLED. The following fields were initially considered discrepant, but after further discussion with ODM, they are not required in the 837 submission and will be removed from future studies: DTE\_ADMISSION, DTE\_DISCHARGE, DTE\_LAST\_SVC\_DTL and ENC\_TYPE.

## Dental

No issues were identified.

## Pharmacy

No issues were identified.

## CareSource

### Professional

CareSource had data extraction issues for this EDV study on the following fields: PAY\_APR\_DTL, PAY\_APR\_HDR, AMT\_PAID\_MCO\_DTL and TCN. There were no encounter issues with the data other than the extraction issues for this study.

### Institutional Inpatient

CareSource had several data elements that were extracted incorrectly for this EDV study. Specifically, PAY\_ARR\_HDR, TYPEBILL, and TCN. The DTE\_LAST\_SVC\_DTL field was initially considered discrepant, but after further discussion with ODM, they are not required in the 837 submission and will be removed from future studies.

### Institutional Outpatient

Several data elements were extracted incorrectly for this EDV study. Specifically, IND\_HDR\_DTL, PAY\_ARR\_HDR, TYPEBILL and TCN. There were no data discrepancy issues related to the system data. The following fields were initially considered discrepant, but after further discussion with ODM, they are not required in the 837 submission and will be removed from future studies: DTE\_ADMISSION and DTE\_LAST\_SVC\_DTL. The only true encounter issue was related to the AMT\_TPL\_SUBM\_HDR field, where they had a logic issue that was corrected after 7/1/2021 and is anticipated to be corrected be correct for future EDV studies.

## Dental

There was a data extraction issue for this EDV study for the TCN field, in which CareSource was adding characters to the data.

### **Pharmacy**

No issues were identified.

### **Molina**

#### **Professional**

No issues were identified.

#### **Institutional Inpatient**

The following fields were initially considered discrepant, but after further discussion with ODM, they are not required in the 837 submission and will be removed from future EDV studies: DTE\_DISCHARGE, DTE\_FIRST\_SVC\_DTL, and DTE\_LAST\_SVC\_DTL.

#### **Institutional Outpatient**

No issues were identified.

#### **Dental**

No issues were identified.

### **Pharmacy**

No issues were identified.

### **Paramount**

#### **Professional**

No issues were identified.

#### **Institutional Inpatient**

No issues were identified.

#### **Institutional Outpatient**

No issues were identified.

#### **Dental**

No issues were identified.

### **Pharmacy**

No issues were identified.

### **UnitedHealthcare**

#### **Professional**

No issues were identified.

#### **Institutional Inpatient**

No issues were identified.

#### **Institutional Outpatient**

No issues were identified.

#### **Dental**

UnitedHealthcare had a discrepancy with the PLACESVC field, where they were not submitting several places of service (POS) codes and were defaulting the value to POS of 11. Going forward, UnitedHealthcare will correct this issue. Per UHC response, Managed care plans will begin providing healthcare coverage in the final stage of the OH Next Generation Managed Care implementation in the last few months of 2022. This will change the way UnitedHealthcare Community Plan of Ohio (UHCCPOH) will submit encounter files to the ODM. Due to the timing of the OH Next Generation Managed Care, it does not seem reasonable to update our current submission process when it will become obsolete in a few months. UHCCPOH compared the dental companion guides for both the current submission process and the OH Next Generation Managed Care PACDR format. Comparison results reveal that they do not reference the POS codes or the

need to submit any differently than UHCCPOH currently does. If ODM indicates they would like the POS codes to be submitted as they appear on the claim, we will update our logic to include this change once the PACDR submission format goes live.

ODM stated that UHC will not have to resubmit these encounters. ODM also stated the POS codes should be submitted as they appear on the claim and request the logic be updated as proposed by UHC.

#### **Pharmacy**

No issues were identified.