

Encounter Reporting

ANSI ASC X12 837 v4010A1

MDCH Reporting Requirements

Michigan Department of Community Health

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*Michigan Department
of Community Health*



Goals

- ✦ Understanding of MDCH encounter reporting requirements
- ✦ Basic knowledge of the ANSI ASC X12 837 v4010 format
- ✦ Ability to identify resources necessary to develop MDCH 837 encounter
- ✦ Ability to use MDCH Companion Guides in development of 837 encounter

Encounter Reporting Requirements

- MDCH requires all capitated health plans to submit encounter data monthly
- Encounter data is to be submitted by the 15th of the month following adjudication
- MDCH requires encounter data to be submitted in the ANSI ASC X12 837 v4010 A1 format (professional, institutional and dental)
 - Retail pharmacy non-psychotropic drugs are to be reported in the National Council for Prescription Drug Programs (NCPDP) format

837 v4010A1 Important Dates

- ❖ Business-to-Business Testing
 - ❖ Beginning July 2004
- ❖ Implementation of 837 v4010A1
 - ❖ CHPs and Coventry Health Care – November 1, 2004 (October 1, 2004 Adjudication)
 - ❖ BCBSM – October 1, 2004 (September 1, 2003 Adjudication)

Overview of 837 v4010A1 Format

- ❖ Data string with set structure and set positioning of data within the structure
- ❖ Structured through use of loops, segments and data elements
- ❖ Delimiters separate data elements and terminate segments
- ❖ Data flow is provider-to-payer-to-payer COB model

837 Data String

ISA*00* *00* *ZZ* 9876*ZZ* 00111*010901*0825*U*00401*000000001*0*P*:- GS*HC*9876*D00111*20010901*0825*1*X*004010X098-
ST*837*100001~BHT*0019*00*EXMPL*20010901*0825*CH~REF*87*004010X098~NM1*41*2*SUBMITTOR CLEARINGHOUSE COMP*46*9876~
PER*IC*SALLY SMITH*TE*2484890000~NM1*40*2*MDCH MEDICAID FFS*****46*D00111~HL*1**20*1~PRV*BI*ZZ*203BF0100Y~NM1*85*1*SANGER*MARGARET***34*987654321~N3*456 DOCTORS WAY~N4*BIG CITY*MI*48765~REF*1D*101234567~PER*IC*JOHN SANGER*TE*2488471212~HL*2*1*22*0~SBR*P*18*****MC~NM1*IL*1*DOE*JANE*P***MI*12345678~N3*123 MAIN ST~N4*ANYWHERE*MI*49876~DMG*D8*19750401*F~NM1*PR*2*MDCH MEDICAID FFS*****PI*D00111~CLM*DOE*J9988*150***11::1*Y*A*A*Y*A*B~DTP*304*D8*20010812~REF*DO*1234567890~REF*EA*DJP012345~HI*BK:4788*BF:49300~LX*1~SV1*HC:99201*50*UN*1*11**1**Y~DTP*472*RD8*20010815~REF*6R*SVCLINEEXAMPLE1~LX*2~SV1*HC:99213*100*UN*1*11**2**N~DTP*472*RD8*20010822~REF*6R*SVCLINEEXAM

Data Overview

✦ Five major categories of information in 837 Encounter

- ❑ Submitter/Receiver

- ❑ Billing Provider

- ❑ Subscriber/Patient

- ❑ Claim Level

- ❑ Service Line Level

837 Encounter Data Hierarchy

- ⊕ Loop 1000A Submitter Name
- ⊕ Loop 1000B Receiver Name
- ⊕ Loop 2000A Billing/Pay-to Provider Hierarchical Level
- ⊕ Loop 2000B Subscriber Hierarchical Level
 - ⊕ Loop 2000BA Subscriber Name
 - ⊕ Loop 2000BB Payer Name (MDCH)
- ⊕ Loop 2300 Claim Level Information
 - ⊕ Loop 2320 Other Subscriber Information
 - ⊕ Loop 2330B Other Payer Name
(MHP/CHP/MICchild Plan/Other Payers)
- ⊕ Loop 2400 Service Line Information
 - ⊕ Loop 2430 Line Adjudication Information for Each Payer
Identified in 2330B

Structure of the 837 Transaction

BILLING PROVIDER #1

 SUBSCRIBER #1

 Claim Level Information

 Line Level Information

 Line Level Information

 SUBSCRIBER #2

 Claim Level Information

 Line Level Information

 Claim Level Information

 Line Level Information

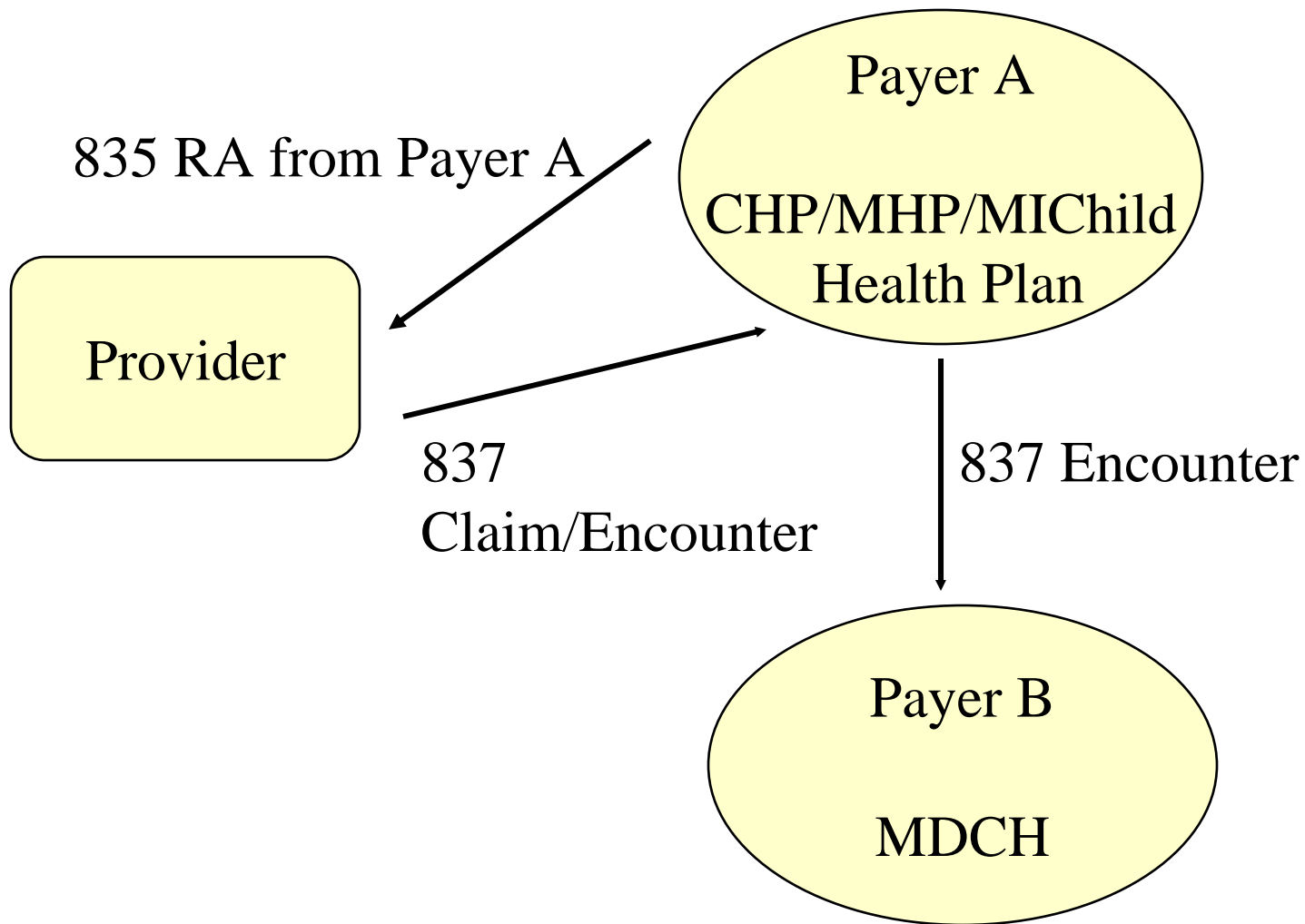
BILLING PROVIDER #2

 SUBSCRIBER #1

 Claim Level Information

 Line Level Information

Provider-to-Payer-to-Payer COB Model



Provider-to-Payer-to-Payer COB Model

- ❖ Accommodates reporting all parties involved in transaction; specifically MHPs/CHPs/MIChild Health Plans and Other Payers (Medicare/Commercial)
- ❖ Accommodates reporting capitated health plan and other payer adjudication information
- ❖ Accommodates reporting unique health plan encounter reference number critical to encounter replacement process, identification of duplicate encounters, and providing health plans with a tracking number to link Error Report File information

Overview of MDCH Companion Guides

- Purpose of Guides:
 - To be a companion to National Electronic Data Interchange Transaction Set Implementation Guides, ASC X12N 837 Professional, Institutional and Dental
- Provide identifiers to use where national standards have not been adopted
- Provide parameters where the implementation guide provides options
- Presence in Companion Guide does not imply required data element

How to Read Companion Guide

Page	Loop	Segment	Data Element	Comments
63	1000A	NM1 – Submitter Name	NM109 – Submitter Identifier	Use the 4-character billing agent ID assigned by MDCH. This value should match GS02 (Application Sender's Code).
68	1000B	NM1 – Receiver Name	NM109 – Receiver Primary Identifier	Use "D00111" for MDCH.
69	2000A – Billing/Pay-to Provider Hierarchical Level	HL – Hierarchical Level	HL01 – Hierarchical ID Number	HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.
12*	2000A – Billing/Pay-to Provider Hierarchical Level	PRV – Billing/Pay-to Provider Specialty Information	PRV03 – Provider Taxonomy Code	MDCH requires taxonomy code to identify the provider specialty. MDCH expects the HIPAA-mandated Health Care Provider Taxonomy Code List will be used to identify the specialty code.

Overview of MDCH Companion Guides

- ✿ Review of Companion Guide Handouts for key points