

## Wisconsin Healthcare Account Quality Management System

Level 3 – Required Field Descriptions for Mental Health  
MEDS – DDES Encounter 3.0

- |                                   |  |
|-----------------------------------|--|
| <b>1) BRC Target Population</b>   | Overall clinical assessment of service needs to reflect the current rating of the client/consumer's needs.   |
| <b>2) Characteristic 1</b>        | Describes the client/consumer according to selected personal, social and demographic factors that are of interest to the agency.   |
| <b>3) City</b>                    | City of client/consumer's residence.   |
| <b>4) Commitment Status</b>       | Can be voluntary (a person who voluntarily seeks services) or involuntary civil (a person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate or a court proceeding).  |
| <b>5) County Code</b>             | Three-digit county code.   |
| <b>6) County of Residence</b>     | Three-digit code of the county of the client/consumer's residence.   |
| <b>7) Diagnostic Impression 1</b> | Current diagnosis of the client/consumer's condition per DSM IV on Axis I and/or Axis II and/or Axis III.  |
| <b>8) Gender</b>                  | Client/consumer's gender.  |
| <b>9) Hispanic/Latino</b>         | All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin (Y or N).   |
| <b>10) Original ID</b>            | This is the record ID of the original encounter or the first ancestor record, as assigned by the MCO. This is only used with adjustments.  |
| <b>11) Posting Date</b>           | The date the record was finalized in the MCO business system (paid or denied with EOB). CCYY-MM-DD format  |
| <b>12) Provider Number</b>        | Number assigned to identify the agency, facility, or person that is delivering the SPC or cluster to the client/consumer.  |
| <b>13) Race Code 1</b>            | The race of the client/consumer (A, B, W, P or I).   |
| <b>14) Recipient Birthdate</b>    | Client/consumer's date of birth.   |
| <b>15) Recipient Name</b>         | Client/consumer's first and last names (separate fields).  |
| <b>16) Recipient ID</b>           | A unique identifier. MCI will be used to populate this field.  |
| <b>17) Record ID</b>              | The unique Record ID assigned by the MCO. This identifier must have a sequencing property. This identifier must provide the ability to identify whether a given record precedes or follows another record.   |
| <b>18) Record Type</b>            | The type of encounter transaction. (Required)<br>Original            O    An unadjusted encounter transaction.<br>Credit/Debit      C    Adjusting entries usually, but not always, come in pairs. The credit reverses the transaction being adjusted and the debit replaces the transaction being adjusted.<br>Adjustment |
| <b>19) Service Date From</b>      | The first date of service.   |
| <b>20) Service Date To</b>        | The last date of service.  |
| <b>21) SPC</b>                    | Service Provider Code identifying the program category/cluster provided to the client/consumer.  |

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- 22) SPC Delivery Year/Month** Month and full year during which units of an SPC were delivered.
- 23) State Abbreviation** Two-character state code.
- 24) Submitter Organization ID** This refers to the Medicaid MCO Provider ID assigned by MMIS.
- 25) Target Group** Indicates the need and/or problem that best explains the primary reason the client/consumer is receiving this service.
- 26) Zip Code** Client/consumer's residential zip code.

### Change Log

Date	Changes	Changed By	Remarks/Reason
01/16/08	Document is baselined at version 1. Going forward, all client's requested changes will be implemented at the baselined level, and recorded in the change log.	Ramona Johnson	One time document base lining for Required Fields Descriptions: Adjustment Type Detail – EKC, EKD, SKC, SKD, AND CKC
02/01/2010	Created separate document for Mental Health since each line may have differing required fields.	Phyllis Schmoller	Baseline document. (CO 28418)
1/25/2011	Removed Presenting _Problems_1	Charles Rumberger	