Encounter Reporting Certification Worksheet

The purpose of the encounter reporting certification process is to ensure that each Managed Care Organization (MCO) can demonstrate a thorough understanding the interfaces required between their claims processing system and the encounter reporting application. Each MCO is required to complete an encounter submission test process, submit monthly reconciliation summary reports, and pass an initial certification audit of production source and transmitted data. Requirements of the encounter reporting certification process include the following components:

- Each MCO must successfully complete a series of test worksheet scenarios on different types of claims data and submit text XML files. These tests serve as a basis for ensuring that most claim scenarios are executed through the testing process. All related edits and errors are reviewed during this process, minimizing any unexpected errors when the MCO begins submitting actual data to the encounter application. Upon successful completion of this testing process, each MCO demonstrates their readiness to begin submitting encounters and have earned their readiness certification to submit production claims data to the encounter production application.
- Each MCO is required to submit accepted encounter transactions for the first (and subsequent) month of contracted claims processing by a specified date in the month following the reporting month (i.e., claims posted in January will be submitted in February). Monthly reconciliation reports must be submitted beginning the second month of operation, and include reconciled historical summary reports each month following the first month of operation.
- The MCO is required to provide documentation to support an audit of submissions. The Department performs audits of randomly selected production transaction and MCO source data items to verify the accuracy of the encounter transactions in relation to the source data. In addition to transaction sampling, the Department requires that encounter transactions can be reconciled to financial reports.

This worksheet is the first step in encounter reporting certification. The contact person for questions regarding this worksheet is Ron Wollner, who can be reached at (608) 267-2930 or Ron.Wollner@wisconsin.gov.

Please provide responses that are thoughtful and that accurately reflect your current system. This worksheet will be evaluated as part of your MCO certification, and subsequent contracting conditions may be required based on your ability to meet the encounter reporting objectives. Additional iterations of this worksheet may be required and must be completed satisfactorily before moving to the next step in the encounter certification process.

The following test scenarios are provided to assist the Department in certifying an MCO’s ability to provide data from their system in the encounter format. This worksheet is not intended to provide an exhaustive list of scenarios and it does not represent all fields that may be involved in a given transaction.

Use the scenarios below to illustrate the encounter record that would be provided by your current system for each circumstance. A template is provided for each scenario, and identifies specific fields for that circumstance. One blank line is provided for illustration purposes. Actual responses may require more than one encounter record line to fully report the details of the scenario.

- Please provide all components required to meet the scenario, including both original and adjusting records.
- In cases where the information is not specifically provided, MCOs should assume any information needed to adjudicate the claim. While specific service information is not provided in all cases, responses are expected to include appropriate service coding information. Responses must indicate all assumptions made.
- In some cases, more than one response scenario may be acceptable.
- Assume the dates of service in the scenarios are during valid eligibility periods, unless otherwise noted.
- Submissions may only contain line items for postings prior to the submission date, so some of these scenario details will be submitted in multiple, separate files.
- Responses must apply to the product being proposed. If a given scenario does not apply to the product you are proposing, please indicate that it does not apply and provide a brief explanation.

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1. If you currently submit encounter data for either HMO or MCO encounters, briefly describe the system used. Include detail on the sources used to provide encounter data and any vendors that are used to assist in claims processing (for example, payroll and financial systems, claims processing systems, pharmacy benefit managers or third party administrators). Are your encounter data submissions current? If not, please explain.

2. The MCO authorizes a medical service for which both Medicare and private insurance are also payers. The member receives the service on January 9, 2006. The total service cost is $250. Medicare pays 60% of the cost and the private insurance pays a flat rate of $75. The MCO has received explanation of benefits (EOB) information from both payers when the claim is processed.

Record ID	Parent ID	Original ID	Claim Status	Record Type	Adjust. Type	Quantity	Service Date From	Service Date To	Proc. Code	Modi-fiers	Charges	Medicare Paid Amount	Medicare Payer Type	Other Payer COB Amount	Other Payer Type	Paid Amount	Posting Date

3. Same situation as above, but the MCO received EOB information from each payer separately several days apart.

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4. The MCO authorizes a medical service for which Medicare pays 80% and private insurance pays the balance. The service is received on February 27, 2006. The total cost is $250. Medicare pays their portion on April 9, 2006 and the private insurance pays two weeks later. The MCO was not aware of private insurance at the time the claim was processed.

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5. The MCO receives a claim for a 30-day supply of Tylenol with Codeine #4 (100 tablets) for a member. The prescription was filled on April 16, 2006. The MCO has a $2 dispensing fee agreement with this pharmacy. Assume the AWP is $25 for the tablets.

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6. The MCO authorizes eight hours of case management for a member each month. MCO internal staff (Social Worker, RN, or Nurse Practitioner) provides a total of six hours of case management to the member on May 1st, 7th, and 15th of 2006. The MCO should use their current estimated cost for case management.

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7. The MCO receives a bill on June 1, 2006 for round-trip emergency ambulance service. The service was provided overnight on May 22-23, 2006. The total amount billed is $510.

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8. The MCO receives a bill for taxi service provided on June 5, 2006 for a member to attend job development/training. The total paid was originally $40 but should have been $35. The error was discovered and corrected one week after the original payment was made on June 30, 2006.

Record ID	Parent ID	Original ID	Claim Status	Record Type	Adjust. Type	Quantity	Service Date From	Service Date To	Proc. Code	Modi-fiers	Charges	Medicare Paid Amount	Medicare Payer Type	Other Payer COB Amount	Other Payer Type	Paid Amount	Posting Date

9. A member suffered from back spasms. Physical Therapy, procedure code 97001, was authorized for a valid primary diagnosis code, 719.5. The physical therapy services were provided three times in July, 2006 at $45 each session. The claim was received by the MCO in August, 2006, containing additional external cause of injury code E849.3. Show the claims processing detail.

Record ID	Claim Status	Reason Code	Record Type	Quantity	Service Date From	Service Date To	Proc. Code	Primary Diagnosis Code	External Cause of Injury Code	Charges	Medicare Paid Amount	Medicare Payer Type	Other Payer COB Amount	Other Payer Type	Paid Amount	Posting Date

10. The MCO provides court-ordered guardianship services to a member in July, 2006. The total cost is $175. The MCO paid $157 on August 1, but should have paid $175. The correction was posted the following month after the MCO was notified of the error by the provider.

Record ID	Parent ID	Original ID	Claim Status	Record Type	Adjust. Type	Quantity	Service Date From	Service Date To	Proc. Code	Modi-fiers	Charges	Medicare Paid Amount	Medicare Payer Type	Other Payer COB Amount	Other Payer Type	Paid Amount	Posting Date

11. The MCO contracts with a fiscal intermediary for a member using Self-Directed Supports (SDS). The fiscal intermediary makes payment to service providers for transportation and home-delivered meal services provided to the member in October, 2006. The fiscal intermediary sends a claim to the MCO for reimbursement of these service costs plus their contracted administrative fee in November, 2006. Show the claims processing detail required to pay the fiscal intermediary.

Record ID	Parent ID	Original ID	Claim Status	Record Type	Support Ind.	Quantity	Service Date From	Service Date To	Proc. Code	Modi -fiers	Charges	Medicare Paid Amount	Medicare Payer Type	Other Payer COB Amount	Other Payer Type	Paid Amount	Posting Date

12. The MCO authorizes and provides financial management services through a fiscal intermediary to the member for the third quarter of 2006; 2 hours in July, 45 minutes in August, and 1 hour in September. The cost is $330. Illustrate how this will be posted in January, 2007.

Record ID	Parent ID	Original ID	Claim Status	Record Type	Adjust. Type	Quantity	Service Date From	Service Date To	Proc. Code	Modi- fiers	Charges	Medicare Paid Amount	Medicare Payer Type	Other Payer COB Amount	Other Payer Type	Paid Amount	Posting Date

13. The MCO receives a claim for physical therapy services provided on August 3rd, 10th, and 17th of 2006 by an authorized provider to a member at a residential facility. The total cost of $60. Two visits were authorized at $30 each. The claim was processed on August 31, 2006.

Record ID	Parent ID	Original ID	Claim Status	Reason Code	Record Type	Adjust. Type	Quan- tity	Service Date From	Service Date To	Proc. Code	Modi -fiers	Charges	Medicare Paid Amount	Medicare Payer Type	Other Payer COB Amount	Other Payer Type	Paid Amt.	Posting Date

14. A member is admitted to a hospital on September 27, 2006 and remains through October 10, 2006. The member receives pain medication and antibiotics during their stay. The hospital filled a prescription for Amoxicillin 500 MG caps (30 caps.) for the member to take home; cost of $20. The MCO processes the first cycle bill for September 27 through October 6 for $3500 room and board and $1200 for medications on October 20. The second cycle bill for October 7 through October 10, which includes $700 room and board and $200 for medications, is processed on November 3.

Record ID	Parent ID	Original ID	Claim Status	Claim Type	Record Type	Adjust. Type	Quan-tity	Service Date From	Service Date To	Statement From Date	Statement To Date	Admit Start Care Date	Patient Status	Proc. /Rev. Code	Charges	Paid Amount	Posting Date

15. In August, 2006, the MCO pays a claim for 8 units of physical therapy provided on two dates in July, 2006 for a member involved in an automobile accident. The total cost is $450. Revenue is received from the automotive insurer in October, 2006 in the amount of $420.

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16. The MCO receives a claim for two (2) units of service provided to a member in October, 2006, on the 1st and the 15th. One (1) unit was authorized. The cost is $27 per unit. The appropriate amount was paid on October 21, 2006 under HCPCS code 97780 but should have been paid under code 97781. The error was corrected 10 days after the original payment.

Record ID	Parent ID	Original ID	Claim Status	Reason Code	Record Type	Adjust. Type	Quan-tity	Service Date From	Service Date To	Proc. Code	Modi -fiers	Charges	Medicare Paid Amount	Medicare Payer Type	Other Payer COB Amount	Other Payer Type	Paid Amt.	Posting Date

17. The MCO receives a UB92 for room and board and residential/ancillary services from a small CBRF. Services were provided to a member in December, 2005. Total cost is $5077.

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18. The MCO receives a claim from Walgreen's for a member's authorized over-the-counter items, including one bottle of Tylenol and one bottle of cranberry extract capsules. The member purchased these items on September 17th, 2006. Total cost is $17.

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19. A member's family decides to rent a motorized wheelchair for the member in June of 2006, based on service needs identified by the MCO case management team. Monthly rental is $375. After three (3) months, the team determines it is more cost effective to purchase the wheelchair at a cost of $7000. Two months after purchase, the wheelchair needs a battery and repairs on the foot rests at a cost of $276.

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20. A member has been determined eligible for the managed care program based on a cost share of $117 per month. The member chooses to pay for three (3) months of cost share for July, August, and September on June 30, 2006.

Record ID	Original ID	Claim Status	Record Type	Member Share	SPC	Quantity	Service Date From	Service Date To	Proc. Code	Modi-fiers	Charges	Medicare Paid Amount	Medicare Payer Type	Other Payer COB Amount	Other Payer Type	Paid Amount	Posting Date

21. The MCO receives a claim for services provided on April 1st, 4th, and 15th of 2006, for one hour of physical therapy on each date. These services were pre-authorized at $30 each. Fees were initially billed at $27 each; however the fees increased to $30 on April 15th.

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22. A member received $5000 of services in a nursing home in October, 2006 that exceeded the service or client stop loss insurance limit by $3000. The original claim was processed in November. Reimbursement was received in January, 2007. Complete the scenario for processing both transactions.

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