Wisconsin Healthcare Account Quality Management System
Level 3 – Required Fields
MEDS – DDES Encounter

1) **Service Delivery Type**
   - Service delivery type refers to the service deliver mechanism.
   - Supported values for the service delivery type are:
     - **PC**: Program Contract providers, and
     - **NC**: Non-Program Contract providers.

2) **Submitter Organization ID**
   - This refers to the Medicaid MCO Provider ID assigned by MMIS.

3) **Data Source**
   - This identifies the source of the data.

4) **Record ID**
   - 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 preceedes or follows another record.

5) **Record Type**
   - The type of encounter transaction. (Required)
     - **Original** O: An unadjusted encounter transaction.
     - **Credit/Debit Adjustment** 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.

6) **Claim Status**
   - The status of the claim P or D (Paid or Denied).

7) **Posting Date**
   - The date the record was finalized in the MCO business system (paid or denied with EOB). CCYY-MM-DD format

8) **Parent Record ID**
   - This ID directly references the transaction being adjusted. In a credit/debit adjustment, both the credit and debit transactions will reference the same transaction. This number is assigned by the MCO.

9) **Original ID**
   - This is the record ID of the original encounter or the first ancestor record, as assigned by the MCO. This is only used on adjustments. (Optional)

10) **Adjustment Type**
    - This refers to the type of adjustment. This is only applicable to transactions that are adjusting a previous transaction. This field is assigned by the MCO for credit/debit transactions. (Required for Credit/Debit Adjustments only)
      - **Reversal** R: This transaction is the credit to reverse the adjusted transaction.
      - **New** N: This transaction is the debit to replace the adjusted transaction.

11) **Adjustment Type Detail**
    - This specifies the type of adjustment. This is assigned by the MCO. (Optional)
      - **Full Cash** FC: An adjustment that fully reverses the more recent existing transaction resulting in monies being paid back to the MCO from the Provider.
      - **Partial Cash** PC: An adjustment that partially reverses the more recent existing transaction resulting in some monies being paid back to the MCO from the Provider.
      - **Non-Cash** NC: An adjustment that has no financial affect but changes demographic or other related information.

12) **Support Indicator**
    - Self-directed S: This identifies services that are self-directed by the MCO member.

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Author: Charles Rumberger
Approver: Location of Document: J:\Account Policies and Procedures\QMS\Level 3 documents - Team\MEDS\DDES\Encounter\Documentation\Implementation Documents\Implementation Guide
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>MCO-Directed</td>
<td>C</td>
<td>This identifies services that are directed by the MCO.</td>
</tr>
<tr>
<td>Non-Services</td>
<td>N</td>
<td>This identifies a non-service item.</td>
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<tr>
<td>13) Member Share</td>
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<tr>
<td>Cost Share</td>
<td>C</td>
<td>A transaction that represents cost share paid by the member.</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>R</td>
<td>A transaction that represents room &amp; board charges for the member.</td>
</tr>
<tr>
<td>Voluntary Contribution</td>
<td>V</td>
<td>A transaction that represents any voluntary contributions by the member or on behalf of the member.</td>
</tr>
<tr>
<td>Spenddown</td>
<td>S</td>
<td>A transaction that represents the spenddown amount applied.</td>
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<tr>
<td>None</td>
<td>N</td>
<td>A transaction that represents a standard claim, where there is no member component.</td>
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