

EXHIBIT D
ENCOUNTER MINIMUM DATA SET REQUIREMENTS

1. General Provisions:

a. Contractor shall submit data concerning OHP Member Encounters as described in this Exhibit and using submission requirements established by DHS.

b. DHS shall process Encounter data through the Medicaid Management Information System (MMIS). DHS shall “pend” all Encounters that cannot be processed because of missing or erroneous data.

(1) DHS shall notify Contractor weekly of all pended Encounters.

(2) Contractor shall correct all pended Encounters, within the time period identified in 1.c.(3), below.

c. Timelines

(1) Contractor shall submit at least 50% of all Encounter data Contractor collects and/or adjudicates in a month to DHS at least once per calendar month.

(2) Contractor shall submit all original Encounter data to DHS within 180 days of the date of service. Circumstances not subject to the 180 day time frame include 1) member's failure to give provider necessary claim information, 2) third party liability coordination, and 3) delays associated with resolving out-of-area claims. Contractor shall structure its subcontracts and Participating Provider reimbursement arrangements to ensure timely submission of billings.

(3) Contractor shall submit all corrections to pended Encounters to DHS within 63 calendar days of the date that DHS mails Contractor a notice that the Encounters were pended.

- (4) Contractor shall submit Encounter data for Covered Services known to have been provided to OHP Members. Contractor shall submit such Encounters regardless of the reimbursement method used, claim payment status (the claim was denied), placement on the Prioritized List of Health Services, or Third Party Resource status.

d. Data Transmission and Format

- (1) Contractor shall submit all Encounter data to DHS via electronic media. DHS shall accept data via industry standard modem and cartridge media.
- (2) Contractor shall submit all data in a format approved by DHS.
- (3) Contractor may have another entity submit Encounter data on its behalf, however, Contractor shall request approval of such arrangement from the Technical/Encounter Data Services Subunit, Program Operations Unit, DHS. Contractor shall remain responsible for Encounter data accuracy, timeliness and completeness regardless of the entity submitting the Encounter data.

2. Data Set Requirements

- a. The data elements specified in this section constitute the required minimum data set. Contractor is required to submit all of the data specified in this section.
- b. Contractor shall submit the following identifying information for all Encounters:
 - (1) Contractor's DHS Prepaid Health Plan Provider Number
 - (2) OHP Member Name
 - (3) Medicaid Recipient Number, also known as the OHP Prime Number
 - (4) Disposition of the claim (accepted/rejected)
 - (5) Disposition Reason

- c. For outpatient mental health Encounters, in addition to the identifying information listed in subsection 2.b., Contractor shall submit the following information:

(1) DHS Performing Provider Number

- (a) Contractor shall use the number assigned to the CMHP of the Health Care Professional delivering Covered Services to the OHP Member. If Covered Services are rendered by Health Care Professionals not associated with a CMHP, then Contractor shall request and use a special performing provider number by submitting a request to OMHAS.
- (b) Contractor shall not use DHS Provider Number "999999" for the performing provider number, billing provider number, or attending physician number. Use of such numbers shall result in a pended Encounter.

(2) Diagnosis Codes

Contractor shall use up to three fields to record the diagnostic code from the most current listing of the DSM. DSM Codes shall be reported at the highest level of specificity for each field as follows:

- (a) Field 1: Record the principal Axis I or Axis II Diagnosis code.
- (b) Field 2: Record any other applicable Axis I or Axis II Diagnosis code.
- (c) Field 3: Record any other applicable Axis I or Axis II Diagnosis code, not already recorded in Fields 1 or 2.

(3) Function Score

Contractor shall use Field 4 to record either the current Axis V, global assessment of functioning (GAF) score 0-100 or the current CGAS if the OHP Member is a child. This information shall be reported for every OHP Member Encounter.

- (4) Date(s) of Service
 - (5) Procedure Codes (BA/ECC Codes, HCPC or CPT Codes or other codes approved by DHS for use in submitting Encounter data)
 - (6) Number of Units of Service Provided
 - (7) Usual and Customary Charges
- d. For Acute Inpatient Hospital Psychiatric Care Encounters, in addition to the identifying information listed in subsection 2.b., Contractor shall submit the following information:
- (1) DHS Hospital Provider Number
 - (2) Type of Admission Code
 - (3) Patient Discharge Status Code
 - (a) Contractor shall use discharge codes established by DHS in its Hospital Services Guide.
 - (b) If the OHP Member is found Appropriate for Long Term Psychiatric Care during the Acute Inpatient Hospital Psychiatric Care stay, Contractor shall use a discharge code of 05.
 - (4) Dates of Service (dates from admission through discharge)
 - (5) Revenue Codes
 - (a) Contractor shall use revenue codes specific to the services provided. If Contractor has a limited number of special "package" services for which it pays an all-inclusive fee and is unable to provide specific revenue codes for those services, Contractor may use revenue codes approved in advance by the DHS Technical/Encounter Data Services Subunit, Program Operations Unit.

- (b) Contractor shall submit a list and description of packaged services to DHS for which Contractor is seeking a special revenue code. DHS may request additional information about "package" services or Encounters using "package" revenue codes at any time and may discontinue the use of "package" revenue codes at its discretion with 30 calendar days notice to Contractor.

 - (6) Line Item Charges

 - (7) Total Charges

 - (8) Diagnosis Code(s) at the highest level of specificity.

 - (9) ICD-9 Procedure Codes when a procedure is performed

 - (10) Attending Physician DHS Performing Provider Number
- e. For Outpatient Hospital Encounters, in addition to the identifying information listed in subsection 2.b., Contractor shall submit the following information:
- (1) DHS Hospital Provider Number
 - (2) Revenue Center Code(s)
 - (3) Date of Service for each line item
 - (4) Quantity of units of service provided
 - (5) Line-item Charge(s) based on the usual and customary fee
 - (6) Diagnosis Code(s) at the highest level of specificity
 - (7) Procedure Codes for the Revenue Center Codes
 - (8) Attending Physician DHS Performing Provider Number
- f. Contractors must submit one claim per hospitalization. The claim must represent all hospital services delivered to the OHP Member. Interim and late billings are prohibited. Additional services or revisions to the original claim must be handled through the adjustment process.
- g. Contractors must make adjustments to claims when any required data elements change or Contractor discovers the data was incorrect or no longer valid.
- h. Contractors must delete any duplicate claims within 63 calendar days of the date DHS notifies Contractor that the claim is a duplicate.

3. Data Certification and Validation

- a. Contractor must certify, based on best knowledge, information, and belief, that the Encounter data submitted for OHP Members is accurate and complete.
- b. Contractor shall submit the Data Certification and Validation Signature Authorization Form, Report D1, within 30 days following the effective date of this Agreement, and immediately following any changes.
- c. Contractor shall submit a Data Certification Form, Report D2, with each Encounter submission. In response to the receipt of Report D2, DHS Encounter Data Liaison will provide Contractor with information identifying any out-of-balance Encounter claim counts. Contractor will evaluate this information and work with the DHS Encounter Data Liaison to resolve any areas of possible data submission problems.