

**Encounter Data
New MMIS Status File Supplemental Guide
June 2008**

This supplemental guide is intended to help you understand the layout of the new status file you receive from DMAP after your encounter data is processed. If you have questions about encounter data, or the status file, please contact your encounter data liaison.

Introduction

The new status file provides a list all accumulated claims in a denied must correct status (previously identified as “pending”).

Batch Records begin with a ‘P’

The new status file begins with a ‘P’ (batch) record. It contains all previously denied must correct claims. Each claim will have a ‘C’ (claim header) record, one or more ‘D’ (detail) records, and an ‘E’ record. All denied must correct claims have an ‘E’ record with one or more errors. The new status file ends with a ‘T’ (total) record. The T record shows the total number of denied must correct claims.

Distribution

For each week that an MCO has claims in a denied must correct status, the new status file will be available in the mailbox on Monday.

File Layout Key:

Position(s): Starting and ending position of the field on the record

Length: Number of bytes in the field

Field type: A/N = alphanumeric, NUM = numeric

Field Description: The 'in English' name of the field

Contents: Brief explanation of what is contained in this field

Source: A notation that designates the source of the contents. If the contents are based on input from your claim, the source record will be noted.

P Record

The 'P' record contains information about the **health plan number and name**. It also gives the **date** your encounter data was processed by our system.

Pos	Len	Type	Field Description	Contents	Source	Table	Field
1	1	A/N	Record Type	'P' (Batch Record)	DMAP	N/A	N/A
2	15	A/N	PHP DMAP Provider Number	The PHP DMAP provider number entered on the claim header.	837I, P, D Loop 2000B SBR03	function getprovld	id_provider
17	50	A/N	PHP	Name of PHP (submitter)	DMAP / MMIS	function get_provider_name() this is the name associated to the provider identified in the previous field.	provname

C Record

The 'C' record contains information about the **type of claim**, the internal control number (**ICN**) assigned by DMAP to the claim, and **your internal control number** for the claim (if supplied by you). It also contains information identifying the **patient, billing provider, and diagnosis (es)**. Hospital claims show the **admission date**. The last field shows a deadline **date for error correction** without penalties.

Pos	Len	Type	Field Description	Contents	Source	Table	Field
1	1	A/N	Record Type	'C' (Claim header information)	DMAP	N/A	N/A
2	1	A/N	Claim Type	Identifies the type of claim.	DMAP	t_hist_directory	cde_clm_type
3	13	A/N	DMAP Internal Control Number (ICN)	<p>ICN of the most recent denied/denied must correct encounter that has been received. This ICN must be referenced for further adjustments/corrections to this denied must correct encounter.</p> <p>Unique number assigned by DMAP to Identify each claim transaction received. This number is divided into 4 sections.</p> <p>1st 2-digits 70=New encounter claim 60=Adjustment encounter claim</p> <p>2nd 2-digits: Refers to the century 02=2002 ICN required for correction</p> <p>3rd 3-digit number: Julian date claim was received by DMAP. 060=February 29, leap year</p> <p>4th 6-digits: Batch and sequence numbering</p>	DMAP	t_hist_directory	num_icn_fl
16	30	A/N	PHP Claim Tracking Number	The PHP internal tracking number assigned by the PHP.	837I, P, D Loop 2330B REF01, REF02	t_clm_ref	cde_ref_id
46	38	A/N	Patient Account	The patient account number assigned by the plan is shown here if provided on the	837I, P, D Loop 2300 CLM01	t_xxx_hdr_key	num_pat_acct_sub

			Number	encounter claim.			
84	12	A/N	Patient Identification Number	The DMAP medical care identification number for the patient. Also known as subscriber number.	837I, P, D Loop 2010BA NM109	t_re_base	id_medicaid
96	20	A/N	Patient Last Name	Last name of patient. This is also referred to as recipient last name.	837I, P, D Loop 2010BA NM103	t_re_base	nam_last
116	15	A/N	Patient First Name	First name of patient. This is also referred to as recipient first name.	837I, P, D Loop 2010BA NM104	t_re_base	nam_first
131	1	A/N	Patient Middle Initial	Middle initial of patient. This is also referred to as recipient middle initial.	837I, P, D Loop 2010BA NB105	t_re_base	nam_mid_init
132	15	A/N	Billing Provider Number	Medical/professional, clinic, hospital, or PHP provider number. This is who billed the plan.	837I, P, D Loop 2010AA REF02	t_xxx_hdr_key	cde_Billing_EntityId
147	6	A/N	UPIN-Billing Provider Number	Unique Physician Identification Number.	837I, P, D Loop 2010AA REF02 Qualifier 1G	t_pr_prov	num_upin
153	8	NUM	Admit Date	Inpatient claims only. The date the service began.	837I Loop 2300 DTP03	t_deny_ub92_hdr	dte_admission
161	8	NUM	Penalty Deadline Date	This is the deadline date for correcting any error(s) for this claim without penalty. Claim must be corrected before this date to avoid penalty. This date is calculated to be 64 days after DMAP processing.	DMAP Calculations	64 days after the location 97 date. t_claim_locat	calculate this dte_clm_locat for cde_location 97
169	13	NUM	Internal Control Number - adjusted claim	ICN of the original denied/denied must correct encounter claim that required resubmission. An incoming claim adjustment with new information will completely replace the previous claim. DMAP has assigned a unique ICN number for the new claim. It is located at the beginning of the C Record, in position 3. See discussion of DMAP	837I, P, D Loop 2300 REF02	t_hist_directory	num_icn_fl

			Internal Control Number (ICN) above.			
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D Record

The 'D' record contains **detail service information** and identifies the **performing provider**.

Pos	Len	Type	Field Description	Contents	Source	Table	Field
1	1	A/N	Record Type	'D' (Detail information)	DMAP		n/a
2	8	NUM	Date of Service Beginning	First date of service, using YYYYMMDD	837I, P, D Loop 2400 DTP03	t_deny_xxxx_dtl	dte_first_svc
10	8	NUM	Date of Service Ending	Last date of service, using YYYYMMDD	837I, P, D Loop 2400 DTP03	t_deny_xxxx_dtl	dte_last_svc
18	6	A/N	Procedure Code	Procedure code for this service.	837I, P, D Loop 2400 SV102	t_proc – using the sak_procedure on the claim detail	cde_proc
24	1			BLANK			
25	4	A/N	Revenue Center Code	Revenue Center code for this service.	837I Loop 2400 SV201	ub92 claims only – it is the revenue code on the detail. t_deny_ub92_dtl	cde_revenue
29	7	A/N	Diagnosis Code	Diagnosis related to this service	837I, P, D Loop 2300 HI101	t_deny_xxxx_dtl	cde_diag_treat_ind. the treat will tell you which header diag applies to the detail. t_clm_diag_xref – match the diag treat to the diag sequence on this table. cde_diag.
36	9	NUM	Quantity	Number of units of service.	837I, P, D Loop 2400 SV104	t_deny_xxxx_dtl	qty_billed
45	15	A/N	Attending Physician	Provider number of attending physician.	837I Loop 2310A REF02	t_ub92_dtl_ext_key	id_prov_attend

			Number				
60	15	A/N	Rendering Provider Number	Provider number of person who rendered the service.	837I, P, D Loop 2310B REF02	t_deny_xxxx_dtl or t_deny_ub92_hdr	id_provider
75	6	A/N	UPIN	Unique Physician Identification Number (UPIN)	837I, P, D Loop 2310B REF02	t_pr_prov	num_upin

E Record

The 'E' record contains claim **error** information for each service. The 'E' record is only present on claims with errors.

Pos	Len	Type	Field Description	Contents	Source	Table	Field
1	1	A/N	Record Type	'E' (Error record)	DMAP		n/a
2	1	A/N	Error Status Code	If the claim has an error, the error status code will appear in this field. Valid codes are: D - Deny P - Pay	DMAP	t_claim_error	cde_disp_status
3	4	A/N	Error Number	The error number appears in this field. See the 'Encounter Data Edit Listing' for descriptions.	DMAP	t_claim_error – lookup the cde_esc on the t_error_disp table.	cde_esc
4	1	A/N	MCO Correct Indicator	This indicator identifies errors that require correction by the MCO.	DMAP	t_claim_error	ind_mco_correct
7	4	NUM	Error Line Number	The line number with an error. Valid codes are: 0 is header > 0 is detail number	DMAP	t_claim_error	num_dtl

T Record

A 'T' record will be the last line of the-file. It contains totals for denied must correct claims from previous weeks.

Pos	Len	Type	Field Description	Contents	Source	Table	Field
1	1	A/N	Record Type	T (Totals)	DMAP		n/a
2	6	NUM	Denied must correct Claim Count	The number of old, unresolved claims in the pend file.	DMAP		count of c records.