



## **Minnesota Health Care Program Medicaid Managed Care**

---

### **Encounter Data Validation Study (2025–2026) Medica**

Final

May 2026

**Prepared on behalf of:  
The Minnesota Department of Human Services**

## Table of Contents

Executive Summary .....	3
Background .....	3
Introduction .....	4
Methodology .....	5
Interviews with MCOs.....	6
Findings for Medica by Claim Type.....	7
Professional Claim Type .....	7
Institutional Inpatient Claim Type .....	10
Institutional Outpatient Claim Type.....	13
Dental Claim Type.....	17
Pharmacy Claim Type .....	18
Conclusions and Recommendations.....	20
Findings for Electronic Encounter Data .....	20
Recommendations for Future EDV Studies.....	22

## List of Tables

Table 1: Match Rate for the Professional Claim Type.....	7
Table 2: Professional Data Element Discrepancies and Findings.....	7
Table 3: Match Rate for the Institutional Inpatient Claim Type.....	10
Table 4: Match Rate with the Outpatient DHS File.....	10
Table 5: Institutional Inpatient Data Element Discrepancies and Findings.....	10
Table 6: Match Rate for the Institutional Outpatient Claim Type .....	14
Table 7: Institutional Outpatient Data Element Discrepancies and Findings .....	14
Table 8: Match Rate for the Dental Claim Type .....	17
Table 9: Dental Data Element Discrepancies and Findings .....	17
Table 10: Match Rate for the Pharmacy Claim Type .....	18
Table 11: Pharmacy Data Element Discrepancies and Findings .....	19

---

IBM® is a registered trademark of International Business Machines Corporation. SAS® is a registered trademark of SAS Institute, Inc. All other trademarks herein are the property of their respective owners.

---

## Executive Summary

The Minnesota (MN) Department of Human Services (DHS) has partnered with IPRO, an external quality review organization (EQRO), to conduct an encounter data validation (EDV) study for its Medicaid expansion program in alignment with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) [Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP \[Children's Health Insurance Program\] Managed Care Plan: An Optional EQR-Related Activity, February 2023.](#)

CMS encourages states to implement the voluntary EDV protocol due to the foundational need for complete and accurate encounter data to support state quality improvement efforts. Complete and accurate encounter data can lead agencies to drive healthcare improvements that can positively affect the overall population and favorably impact quality of life for those who have high-risk health issues. Frequent EDV activities conducted by state agencies or EQROs can help identify incomplete data, perform missing data quality checks, and assess the frequency and impact of late encounter data submissions. Additionally, as federal programs transition toward payment reform for demonstrated quality of care, EDV will become increasingly important given the key role that data quality plays in supporting the accuracy and integrity of these programs.

The objective of this study was to verify the completeness, timeliness, and accuracy of encounter data submitted to MN DHS by the Medicaid managed care organization (MCO), Medica. The encounter data submitted to MN DHS were reconciled with the corresponding source encounter data from the original adjudicated claims. All data element differences were reported and investigated.

No significant issues were found regarding Medica data. The review of electronic encounter data did show that the findings for some data elements need to be reviewed by MN DHS and/or IPRO. For future EDV studies, Medica should ensure that identified data extraction issues are resolved prior to data submission.

## Background

MN DHS collects encounter data from Medica. Encounter submissions include all paid (original, corrected, adjusted/voided, and paid at \$0.00) encounter data and some partial paid or denied encounter data, as defined by MN DHS. All data reported and collected are housed within the state Managed Care Information System and maintained by fiscal intermediary, IBM®.

## Introduction

Encounter data reporting improvements are an ongoing project across federal and state healthcare agencies. Reliable and accurate encounter data can lead agencies to drive healthcare improvements that can positively affect the overall population and those who have high-risk health issues. Yearly EDV activities conducted by state agencies or EQROs can help identify incomplete data, perform missing data quality checks, and assess the frequency and impact of late encounter data submissions.

MN DHS collects encounter data from MCOs. The encounter submissions consist of all paid encounters, including:

- original,
- corrected,
- adjusted/voided,
- paid at zero dollar (alternative payment arrangements), and
- partial payments denied at the line level and paid at the header level.

All claims/encounters submitted to DHS are stored and maintained in MN DHS's Managed Care Information System and maintained by fiscal intermediary, IBM.

During calendar year (CY) 2025–2026, IPRO conducted an EDV study that compared the MCOs' claims data versus the encounter data of MN DHS's Managed Care Information System. To ensure complete and accurate data are received and available for reporting, IPRO compared the two sources of claims data.

The objective of this study was to verify the accuracy of encounter data submitted to DHS by the MCOs. The encounter data submitted to DHS were reconciled to the corresponding source claims data from the originally MCO adjudicated claims. All data element discrepancies were reported and investigated.

## Methodology

IPRO requested MCO claims data residing in the claims system for periods of service from January 1, 2024, to December 31, 2024, for the eligible encounter types and data elements in **Tables 2, 5, 7, 9, and 11**. The 2025–2026 study was conducted for the following participating Medicaid MCOs:

- Blue Plus
- HealthPartners
- Hennepin Health
- Itasca Medical Care
- Medica
- PrimeWest Health
- South County Health Alliance
- UCare

IPRO requested the MCOs provide all originally adjudicated claims for the review period as noted in the objective, with service dates from January 1, 2024, to December 31, 2024, and submitted to the state between January 1, 2024, and March 31, 2025. For inpatient stays, the statement from-date was requested to be utilized. The MCOs were asked to select claims adjudicated by their organizations/vendors. The claims/encounters provided to IPRO included:

- original,
- corrected,
- adjusted/voided,
- paid at zero dollar (alternative payment arrangements), and
- partial payments denied at the line level and paid at the header level.

IPRO provided MCOs detailed documentation specifying the data elements used to compare to the claims/encounters IPRO received from DHS. The MCOs submitted applicable claims by claim type to IPRO. The EDV study was conducted utilizing the following methodology:

1. MCOs submitted specified data elements obtained from their adjudicated source claims that correspond to the selected audit period. To verify the source claims data, IPRO requested that the MCOs include the internal control number (ICN) if available; the ICN is obtained when the encounter is adjudicated in the state Medicaid Management Information System (MMIS).
2. IPRO imported the MCO files and generated separate data tables per encounter type per MCO. Analyses were conducted using SAS®.
3. IPRO identified the MCO encounters that matched with the MN DHS source data by DHS ICN and DHS line number for institutional, professional, and dental claim types. For pharmacy claim type, IPRO identified the MCO encounters that matched with the MN DHS source data by Medicaid member ID, dispense date, National Drug Code (NDC), prescribing provider National Provider Identifier (NPI), amount paid, and DHS ICN.
4. For the MCO encounters that did not match with MN DHS source data, IPRO selected a random sample of 1,000 no match records for each encounter type for each MCO.
5. To identify discrepancies, IPRO compared the values of each data element from the MCO source data to values of the corresponding data element from MN DHS source data.
6. The percentage of records with discrepant values were calculated for each data element, and those with less than a 95.00% match rate were identified.
7. IPRO reviewed discrepancies and categorized the data element discrepancies for each encounter type, where applicable.
8. Among data elements with less than a 95.00% match rate, IPRO selected a random sample of 1,000 discrepant records for each encounter type and discrepancy category for each MCO. IPRO provided counts of all discrepant records by discrepancy category to MN DHS. The sample size was determined based on the number of discrepancies.

## Interviews with MCOs

I PRO conducted teleconferences with the MCOs to discuss the following:

- review of claim discrepancies identified by I PRO;
- review of discrepant claims on the MCO's claim adjudication system and the 837-encounter submission string for institutional, professional, and dental claims;
- review of discrepant claims on the National Council for Prescription Drug Program (NCPDP) for pharmacy claims;
- MCO demonstration of discrepant values from several claims included in the discrepant sample files were reviewed and displayed on the MCO's claims adjudication system; and
- following the review of the discrepant claims, MCOs displayed how each ICN's data elements appeared on the 837-submission string (institutional, professional, and dental claims) or the NCPDP (pharmacy claims) encounter extracts submitted to DHS.

Following the interviews with the MCOs, I PRO identified data inconsistencies that will be discussed with MN DHS, to identify any inconsistencies between the values and/or information provided by the MCOs and confirmed the information DHS received for each data element by encounter type.

## Findings for Medica by Claim Type

The Medica EDV study call was conducted on January 21, 2026. Medica’s system was reviewed for discrepancies of data elements present in the encounter types between the submitted EDV data file and the data submitted to DHS. The attendees of the EDV study call included DHS, Medica, Delta Dental, Express Scripts, Optum, and IPRO. Data elements with less than a 95.00% match rate were reviewed. IPRO reviewed discrepancies and categorized them for each encounter type. Findings are summarized in **Tables 2, 5, 7, 9, and 11**.

### Professional Claim Type

IPRO compared claims received in Medica’s EDV study data file to the encounter data received from MN DHS by DHS ICN and DHS line number. Encounters that did not match on DHS ICN and DHS line number were reviewed by Medica, MN DHS, and IPRO. The non-matches were attributed to the following reasons:

- The encounters were voided and not submitted to MN DHS.
- The encounters were voided and submitted to MN DHS but were not included in the file from MN DHS.
- The encounters were not submitted to MN DHS, as the encounters were denied due to denial reason codes that were not valid for submission to MN DHS.

**Table 1** identifies the match rates for the professional claim type.

**Table 1: Match Rate for the Professional Claim Type**

Encounter Data Type	Total Encounter Lines (n)	Matched Encounter Lines (n)	Match Rate (%)
Professional	5,103,848	4,756,182	93.19

IPRO compared each data element in Medica’s EDV study data file to the encounter data received from MN DHS. Data elements with less than a 95.00% match rate were reviewed by Medica. During the teleconference, Medica and IPRO reviewed the discrepancies. Findings are summarized in **Table 2**. Match rate percentages are rounded to the nearest hundredth.

**Table 2: Professional Data Element Discrepancies and Findings**

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
MEDICAID_MEMBER_ID	4,756,182	100.00	-
MCO_ICN	293,797	6.18	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837P matched its claims system. Medica included internal claim numbers on the EDV study file.
MCO_TRACKING_ICN	293,797	6.18	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837P matched its claims system.
DTE_FIRST_SVC	4,744,683	99.76	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
DTE_LAST_SVC	3,264,387	68.63	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837P matched its claims system. Medica populated the EDV study file with the through-date, whereas the from-date was submitted to MN DHS.
POS_CD	1,010,932	21.26	Medica confirmed that the data element values defaulted to "11" (Office Visit) when the provider submitted "81" (Independent Laboratory) on the claim. Medica also confirmed that the logic being used to map the data element values to "11" will be evaluated.
DIAGCD1	4,756,181	100.00	-
DIAGCD2	4,756,180	100.00	-
DIAGCD3	4,756,181	100.00	-
DIAGCD4	4,756,181	100.00	-
DIAGCD5	4,756,182	100.00	-
DIAGCD6	4,756,182	100.00	-
DIAGCD7	4,756,182	100.00	-
DIAGCD8	4,756,182	100.00	-
DIAGCD9	4,756,182	100.00	-
DIAGCD10	4,756,182	100.00	-
DIAGCD11	4,756,182	100.00	-
DIAGCD12	4,756,182	100.00	-
AMT_OTH_INS_PD_HDR	4,751,437	99.90	-
PAIDDATE_DTL	4,753,863	99.95	-
AMT_MCO_PAID_DTL	4,068,670	85.54	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837P matched its claims system. Medica confirmed that the total eligible amount was populated on the EDV study file, whereas the paid amount was submitted on the 837P to MN DHS.
AMT_OTH_INS_PD_DTL	4,526,537	95.17	-
CLM_STATUS_DTL	4,595,954	96.63	-
PROC_CD	4,752,470	99.92	-
QTY_UNITS_BILLED	4,755,367	99.98	-
PROF_PROC_MOD_CD1	4,746,260	99.79	-
PROF_PROC_MOD_CD2	4,752,908	99.93	-
PROF_PROC_MOD_CD3	4,720,689	99.25	-
PROF_PROC_MOD_CD4	4,752,241	99.92	-
NDC_CODE	4,719,810	99.24	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
BILLING_PROV_NPI	1,578,090	33.18	<p>In the encounter examples Medica reviewed, the value submitted for the EDV study matched the value in its claims system. Medica determined that the discrepancy was from the following scenarios:</p> <ul style="list-style-type: none"> <li>Scenario 1: When the billing provider NPI was missing in Medica’s claims system, data element values were populated with “9999999999” on the EDV study file, but the Unique Minnesota Provider Identifier (UMPI) was submitted on the encounter to MN DHS file.</li> <li>Scenario 2: Data element values were populated with the rendering provider NPI on the EDV study. The data element values in its claims system did not match the values submitted on the encounter to MN DHS.</li> </ul>
RENDERING_PROV_NPI	2,635,542	55.41	<p>In the encounter examples Medica reviewed, the value submitted for the EDV study matched the value in its claims system. Medica determined that the discrepancy was from the following scenarios:</p> <ul style="list-style-type: none"> <li>Scenario 1: When the rendering provider NPI was missing, data element values were populated with “9999999999” on the EDV study file, but the UMPI was submitted on the encounter to MN DHS file.</li> <li>Scenario 2: The NPI submitted for the EDV study was the group provider NPI and not the individual provider NPI. The UMPI was submitted on the encounter to MN DHS.</li> </ul>

EDV: electronic data validation; MN: Minnesota; DHS: Department of Human Services; ICN: internal control number; MCO: managed care organization; NDC: National Drug Code; NPI: National Provider Identifier; UMPI: Unique Minnesota Provider Identifier.

### Institutional Inpatient Claim Type

IPRO compared each data element in Medica’s EDV study data file to the encounter data received from MN DHS by DHS ICN and DHS line number. **Table 3** identifies the match rates for the institutional inpatient claim type. Encounters that did not match on DHS ICN and DHS line number were reviewed by Medica, MN DHS, and IPRO. The non-matches were attributed to the following reasons:

- The encounters with a type of bill of Skilled Nursing Facility (“021”) or Residential Facility (“086”) were included in the EDV study data file as institutional inpatient claims and were received from MN DHS as institutional outpatient claims **Table 4** identifies the match rates with the institutional outpatient file received from MN DHS for the encounters that did not match on DHS ICN and DHS line number.
- The encounters were voided and not submitted to MN DHS.
- The encounters were submitted and accepted by MN DHS but were not on the file from MN DHS.
- The DHS ICN provided on the EDV study file was for original claim. The original claim has been voided, and the replacement claim was submitted to MN DHS but was not included on the file from MN DHS.

**Table 3: Match Rate for the Institutional Inpatient Claim Type**

Encounter Data Type	Total Encounter Lines (n)	Matched Encounter Lines (n)	Match Rate (%)
Inpatient	211,073	163,729	77.57

**Table 4: Match Rate with the Outpatient DHS File**

Total Encounter Lines (n)	Not Matched Encounter Lines (n)	Match Rate by DHS ICN and DHS Line Number (%)	Match Rate by Encounter Lines by DHS ICN (%)	Match Rate Encounter Lines by DHS ICN and TOB 21 and 86 (%)
211,073	47,344	45.38	45.44	45.16

DHS: Department of Human Services; ICN: internal control number; TOB: type of bill.

Data elements with less than a 95.00% match rate were reviewed. Findings are summarized in **Table 5**. Match rate percentages are rounded to the nearest hundredth.

**Table 5: Institutional Inpatient Data Element Discrepancies and Findings**

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
MEDICAID_MEMBER_ID	163,713	99.99	-
MCO_ICN	15,602	9.53	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system. Medica included internal claim numbers on the EDV study file.
MCO_TRACKING_ICN	15,602	9.53	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system.
ADMIT_TYPE_CD	158,565	96.85	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
FAC_ADM_DT	109,029	66.59	This was identified as an EDV study extraction issue. Medica included the from-date on the EDV study file. Medica confirmed that the values submitted on the 837I matched its claims system.
START_DT	163,713	99.99	-
END_DT	163,713	99.99	-
DIS_STAT	15,602	9.53	This was identified as an EDV study extraction issue. The values for the data element were truncated on the EDV study file. Medica confirmed that the values submitted on the 837I matched its claims system.
TYPEBILL	163,729	100.00	-
TYPEBILL_FREQ	148,125	90.47	Medica confirmed that the values that were submitted on the encounter to MN DHS were per DHS guidelines and did not match the values in its claims system. The values that were submitted on the 837I file matched the values on the MN DHS file. The values that Medica submitted on the EDV study data file matched its claims system.  IPRO to discuss this discrepancy with MN DHS.
DIAGCD1	163,713	99.99	-
DIAGCD2	163,713	99.99	-
DIAGCD3	163,713	99.99	-
DIAGCD4	163,713	99.99	-
DIAGCD5	163,713	99.99	-
DIAGCD6	163,713	99.99	-
DIAGCD7	163,695	99.98	-
DIAGCD8	163,713	99.99	-
DIAGCD9	163,713	99.99	-
DIAGCD10	163,713	99.99	-
DIAGCD11	163,713	99.99	-
DIAGCD12	163,687	99.97	-
DIAGCD13	163,713	99.99	-
DIAGCD14	163,713	99.99	-
DIAGCD15	163,713	99.99	-
DIAGCD16	163,713	99.99	-
DIAGCD17	163,713	99.99	-
DIAGCD18	163,713	99.99	-
DIAGCD19	163,713	99.99	-
DIAGCD20	163,713	99.99	-
DIAGCD21	163,713	99.99	-
DIAGCD22	163,713	99.99	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
DIAGCD23	163,713	99.99	-
DIAGCD24	163,713	99.99	-
DIAGCD25	163,713	99.99	-
DX_ADMIT	80,407	49.11	This was identified as an EDV study extraction issue. Medica confirmed that the principal diagnosis code was included on the EDV study file. The values for the data element submitted on the 837I matched its claims system.
PATIENT_RSON_VIS_1	163,729	100.00	-
PATIENT_RSON_VIS_2	163,729	100.00	-
PATIENT_RSON_VIS_3	163,729	100.00	-
ECODE_1	128,068	78.22	Medica confirmed that the values were not submitted on the 837I to MN DHS. The values it provided on the EDV study data file matched the values in its claims system.  IPRO to discuss this discrepancy with MN DHS.
ECODE_2	163,449	99.83	See finding for ECODE_1.
ECODE_3	163,639	99.95	See finding for ECODE_1.
ECODE_4	163,729	100.00	See finding for ECODE_1.
ECODE_5	163,729	100.00	See finding for ECODE_1.
ECODE_6	163,729	100.00	See finding for ECODE_1.
ECODE_7	163,729	100.00	See finding for ECODE_1.
ECODE_8	163,729	100.00	See finding for ECODE_1.
ECODE_9	163,729	100.00	See finding for ECODE_1.
ECODE_10	163,729	100.00	See finding for ECODE_1.
ECODE_11	163,729	100.00	See finding for ECODE_1.
ECODE_12	163,729	100.00	See finding for ECODE_1.
SURG1	163,729	100.00	-
SURG2	163,714	99.99	-
SURG3	163,729	100.00	-
SURGDTE1	163,729	100.00	-
SURGDTE2	163,714	99.99	-
SURGDTE3	163,729	100.00	-
PAIDDATE_HDR	163,678	99.97	-
AMT_MCO_PAID_HDR	163,681	99.97	-
AMT_OTH_INS_PD_HDR	134,306	82.03	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system.
AMT_OTH_INS_PD_DTL	163,729	100.00	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
CLM_STATUS_HDR	152,822	93.34	Medica confirmed that the values it provided on the EDV study file matched the values in the 837I file and its claims system.  IPRO to discuss this discrepancy with MN DHS.
UNITS_BILLED	162,561	99.29	-
REVENUE_CODE	163,716	99.99	-
BILLING_PROV_NPI	121,023	73.92	In the encounter examples Medica reviewed, the value submitted for the EDV study matched the value in its claims system. Medica determined that the discrepancy was from the following scenarios: <ul style="list-style-type: none"> <li>Scenario 1: This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system.</li> <li>Scenario 2: Medica confirmed that the values provided on the EDV study file matched its claims system but did not match the values submitted on the 837I.</li> </ul>
ATTENDING_PROV_NPI	21,436	13.09	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system.

EDV: encounter data validation; MN: Minnesota; DHS: Department of Human Services; ICN: internal control number; MCO: managed care organization; NPI: National Provider Identifier.

### Institutional Outpatient Claim Type

IPRO compared each data element in Medica’s EDV study data file to the encounter data received from MN DHS. **Table 6** identifies the match rates for the institutional outpatient claim type.

Encounters that did not match on DHS ICN and DHS line number were reviewed by Medica, MN DHS, and IPRO. The non-matches were attributed to the following reasons:

- The encounters were voided and not submitted to MN DHS.
- The encounters were submitted and accepted by MN DHS but were not on the file from MN DHS.
- The DHS ICN provided on the EDV study file was for original claim. The original claim has been voided, and the replacement claim was submitted to MN DHS but was not included on the file from MN DHS.

**Table 6: Match Rate for the Institutional Outpatient Claim Type**

Encounter Data Type	Total Encounter Lines (n)	Matched Encounter Lines (n)	Match Rate (%)
Outpatient	1,441,678	1,312,836	91.06

Data elements with less than a 95.00% match rate were reviewed. Findings are summarized in **Table 7**. Match rate percentages are rounded to the nearest hundredth.

**Table 7: Institutional Outpatient Data Element Discrepancies and Findings**

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
MEDICAID_MEMBER_ID	1,312,836	100.00	-
MCO_ICN	147,746	11.25	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system. Medica included internal claim numbers on the EDV study file.
MCO_TRACKING_ICN	147,746	11.25	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system.
ADMIT_TYPE_CD	1,263,552	96.25	-
FAC_ADM_DT	1,312,835	100.00	-
START_DT	1,312,836	100.00	-
END_DT	1,312,836	100.00	-
DTL_SVC_DT	1,312,391	99.97	-
DIS_STAT	1,312,836	100.00	-
TYPEBILL	1,312,836	100.00	-
TYPEBILL_FREQ	986,792	75.16	Medica confirmed that the values that were submitted on the encounter to MN DHS were per DHS guidelines and did not match the values in its claims system. The values that were submitted on the 837I file matched the values on the MN DHS file. The values that Medica submitted on the EDV study data file matched its claims system.  IPRO to discuss this discrepancy with MN DHS.
DIAGCD1	1,312,836	100.00	-
DIAGCD2	1,312,835	100.00	-
DIAGCD3	1,312,835	100.00	-
DIAGCD4	1,312,835	100.00	-
DIAGCD5	1,312,836	100.00	-
DIAGCD6	1,312,836	100.00	-
DIAGCD7	1,312,836	100.00	-
DIAGCD8	1,312,836	100.00	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
DIAGCD9	1,312,836	100.00	-
DIAGCD10	1,312,825	100.00	-
DIAGCD11	1,312,836	100.00	-
DIAGCD12	1,312,836	100.00	-
DIAGCD13	1,312,836	100.00	-
DIAGCD14	1,312,836	100.00	-
DIAGCD15	1,312,836	100.00	-
DIAGCD16	1,312,836	100.00	-
DIAGCD17	1,312,836	100.00	-
DIAGCD18	1,312,836	100.00	-
DIAGCD19	1,312,701	99.99	-
DIAGCD20	1,312,836	100.00	-
DIAGCD21	1,312,836	100.00	-
DIAGCD22	1,312,836	100.00	-
DIAGCD23	1,312,836	100.00	-
DIAGCD24	1,312,836	100.00	-
DIAGCD25	1,312,836	100.00	-
DX_ADMIT	1,312,835	100.00	-
PATIENT_RSON_VIS_1	147,746	11.25	This was identified as an EDV study extraction issue. The values for the data element were blank on the EDV study file. Medica confirmed that the principal diagnosis code values were submitted on the 837I.
PATIENT_RSON_VIS_2	1,312,836	100.00	See finding for PATIENT_RSON_VIS_1.
PATIENT_RSON_VIS_3	1,312,836	100.00	See finding for PATIENT_RSON_VIS_1.
ECODE_1	1,241,442	94.56	Medica confirmed that the values were not submitted on the 837I to MN DHS. The values it provided on the EDV study data file matched the values in its claims system.  IPRO to discuss this discrepancy with MN DHS.
ECODE_2	1,310,492	99.82	See finding for ECODE_1.
ECODE_3	1,312,066	99.94	See finding for ECODE_1.
ECODE_4	1,312,756	99.99	See finding for ECODE_1.
ECODE_5	1,312,818	100.00	See finding for ECODE_1.
ECODE_6	1,312,836	100.00	See finding for ECODE_1.
ECODE_7	1,312,836	100.00	See finding for ECODE_1.
ECODE_8	1,312,836	100.00	See finding for ECODE_1.
ECODE_9	1,312,836	100.00	See finding for ECODE_1.
ECODE_10	1,312,836	100.00	See finding for ECODE_1.
ECODE_11	1,312,836	100.00	See finding for ECODE_1.
ECODE_12	1,312,836	100.00	See finding for ECODE_1.
SURG1	1,312,836	100.00	-
SURG2	1,312,836	100.00	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
SURG3	1,312,836	100.00	-
SURGDTE1	1,312,836	100.00	-
SURGDTE2	1,312,836	100.00	-
SURGDTE3	1,312,836	100.00	-
PAIDDATE_HDR	1,308,783	99.69	-
AMT_MCO_PAID_HDR	1,307,826	99.62	-
AMT_OTH_INS_PD_HDR	1,310,234	99.80	-
PAIDDATE_DTL	1,308,783	99.69	-
AMT_MCO_PAID_DTL	1,310,653	99.83	-
AMT_OTH_INS_PD_DTL	1,312,836	100.00	-
CLM_STATUS_HDR	1,281,560	97.62	-
CLM_STATUS_DTL	1,259,629	95.95	-
PROC_CD	1,312,632	99.98	-
UNITS_BILLED	1,312,088	99.94	-
MODIFIER1	1,290,363	98.29	-
MODIFIER2	1,307,952	99.63	-
MODIFIER3	1,310,708	99.84	-
MODIFIER4	1,312,833	100.00	-
REVENUE_CODE	1,312,833	100.00	-
NDC_CODE	1,161,754	88.49	This was identified as an EDV study extraction issue. The values for the data element were blank on the EDV study file. Medica confirmed that the values submitted on the 837I matched its claims system.
BILLING_PROV_NPI	1,270,120	96.75	-
ATTENDING_PROV_NPI	192,608	14.67	This was identified as an EDV study extraction issue. The values for the data element were blank on the EDV study file. Medica confirmed that the values submitted on the 837I matched its claims system.
REFERRING_PROV_NPI	1,246,403	94.94	Medica confirmed that it does not capture the referring provider NPI in its claims system. Values submitted on the 837I were derived from or matched the attending provider NPI in its claims system.  IPRO to discuss this discrepancy with MN DHS.

EDV: encounter data validation; MN: Minnesota; DHS: Department of Human Services; ICN: internal control number; MCO: managed care organization; NDC: National Drug Code; NPI: National Provider Identifier.

## Dental Claim Type

IPRO compared each data element in Medica’s EDV study data file to the encounter data received from MN DHS. Encounters that did not match on DHS ICN and DHS line number were reviewed by Medica, MN DHS, and IPRO. **Table 8** identifies the match rates for the dental claim type. The non-matches were attributed to the following reasons:

- The encounters were submitted to MN DHS but were not included on the file from MN DHS.
- The encounter lines were voided and submitted to MN DHS. However, the encounter lines were not on the file from MN DHS.

**Table 8: Match Rate for the Dental Claim Type**

Encounter Data Type	Total Encounter Lines (n)	Matched Encounter Lines (n)	Match Rate (%)
Dental	125,126	124,088	99.17

Data elements with less than a 95.00% match rate were reviewed. Findings are summarized in **Table 9**. Match rate percentages are rounded to the nearest hundredth.

**Table 9: Dental Data Element Discrepancies and Findings**

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
MEDICAID_MEMBER_ID	124,086	100.00	-
MCO_ICN	124,088	100.00	-
MCO_TRACKING_ICN	86,491	69.70	In the encounter examples Medica reviewed, the value submitted for the EDV study matched the value in its claims system. Medica determined that the discrepancy was from the following scenarios: <ul style="list-style-type: none"> <li>• Scenario 1: Data element values were missing on the MN DHS file because the claim was adjusted, and only the adjusted version of the claim was submitted to MN DHS.</li> <li>• Scenario 2: Data element values were missing on the EDV study file because the claim was not adjusted in Medica’s claims system but was adjusted during the encounter submission.</li> </ul>
DTE_FIRST_SVC_HDR	121,942	98.27	-
DTE_LAST_SVC_HDR	121,939	98.27	-
DTE_FIRST_SVC_DTL	124,085	100.00	-
DTE_LAST_SVC_DTL	124,085	100.00	-
UNITS_BILLED	124,088	100.00	-
POS_CD	118,401	95.42	-
PAIDDATE_HDR	124,068	99.98	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
AMT_MCO_PAID_HDR	5,538	4.46	This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837D matched its claims system.
AMT_OTH_INS_PD_HDR	124,004	99.93	-
PAIDDATE_DTL	124,068	99.98	-
AMT_MCO_PAID_DTL	124,073	99.99	-
AMT_OTH_INS_PD_DTL	124,088	100.00	-
CLM_STATUS_HDR	124,088	100.00	-
CLM_STATUS_DTL	124,087	100.00	-
DIAGCD1	124,088	100.00	-
DIAGCD2	124,088	100.00	-
DIAGCD3	124,088	100.00	-
DIAGCD4	124,088	100.00	-
CDT	124,074	99.99	-
TOOTHNUMBER	123,475	99.51	-
MODIFIER1	106,814	86.08	In one of the encounter examples that Medica reviewed, the values populated on the EDV study file were tooth surface codes. This was identified as an EDV extraction issue. In another example that Medica reviewed, the values of "51" (Multiple Procedures) were submitted on the 837D.
MODIFIER2	115,667	93.21	See finding for MODIFIER1.
MODIFIER3	120,475	97.09	See finding for MODIFIER1.
MODIFIER4	122,859	99.01	See finding for MODIFIER1.
BILLING_PROV_NPI	123,966	99.90	-
RENDERING_PROV_NPI	124,088	100.00	-

EDV: encounter data validation; MN: Minnesota; DHS: Department of Human Services; ICN: internal control number; MCO: managed care organization; NPI: National Provider Identifier.

### Pharmacy Claim Type

IPRO compared each data element in Medica’s EDV study data file to the encounter data received from MN DHS. Encounters that did not match on Medicaid member ID, dispense date, NDC, prescribing provider NPI, amount paid, and DHS ICN were reviewed by Medica, MN DHS, and IPRO. **Table 10** identifies the match rates for the pharmacy claim type. The non-matches were attributed to the following reason:

- The encounters were denied or voided and not submitted to MN DHS.

**Table 10: Match Rate for the Pharmacy Claim Type**

Encounter Data Type	Total Encounter Lines (n)	Matched Encounter Lines (n)	Match Rate (%)
Pharmacy	2,600,510	1,550,204	59.61

Data elements with less than a 95.00% match rate were reviewed. Findings are summarized in **Table 11**. Match rate percentages are rounded to the nearest hundredth.

**Table 11: Pharmacy Data Element Discrepancies and Findings**

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
MEDICAID_MEMBER_ID	1,550,204	100.00	-
MCO_ICN	1,550,204	100.00	-
MCO_TRACKING_ICN	1,550,141	100.00	-
DTE_FIRST_SVC	1,550,204	100.00	-
PAIDDATE_HDR	0	0.00	This was identified as an EDV study extraction issue. Medica provided the check-date on the EDV study file. Medica confirmed that the values submitted on the NCPDP matched its claims system.
AMT_MCO_PAID_HDR	1,550,204	100.00	-
COST_INGRD_AMT	59	0.00	Medica confirmed the values it provided on the EDV study matched the values in the NCPDP file and its claims system.  IPRO to discuss this discrepancy with MN DHS.
CLM_STATUS_HDR	1,550,204	100.00	-
PRESC_PROV_NPI	1,550,204	100.00	-
PRESC_DATE	1,550,204	100.00	-
NUM_PRESC_ID	1,550,204	100.00	-
DISPENSE_DATE	1,550,204	100.00	-
NDC_CODE	1,550,204	100.00	-
QTY_DISPENSE_DTL	1,548,561	99.89	-
NUM_DAY_SUPPLY	1,550,204	100.00	-

EDV: encounter data validation; MN: Minnesota; DHS: Department of Human Services; ICN: internal control number; MCO: managed care organization; NCPDP: National Council for Prescription Drug Program; NDC: National Drug Code; NPI: National Provider Identifier.

## Conclusions and Recommendations

IPRO finds there to be no material electronic encounter data issues. The completeness, timeliness, and accuracy of electronic encounter data collected and submitted are sufficient for the MCO to help inform quality improvement initiatives.

IPRO's findings are based upon the review of the Medica EDV study file that matches the MN DHS file, review of the values for the sampled electronic encounters, identification and research of the discrepant values, review of the discrepancy reasons received from Medica, and discussions with Medica and MN DHS.

## Findings for Electronic Encounter Data

### Professional Encounter Data Type Only

- **DTE\_LAST\_SVC:** This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837P matched its claims system. Medica populated the EDV study file with the through-date, whereas the from-date was submitted to MN DHS.
- **POS\_CD:** Medica confirmed that the data element values defaulted to "11" (Office Visit) when the provider submitted "81" (Independent Laboratory) on the claim. Medica also confirmed that the logic being used to map the data element values to "11" will be evaluated.
- **AMT\_MCO\_PAID\_DTL:** This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837P matched its claims system. Medica confirmed that the total eligible amount was populated on the EDV study file, whereas the paid amount was submitted on the 837P to MN DHS.
- **BILLING\_PROV\_NPI:** In the encounter examples Medica reviewed, the value submitted for the EDV study matched the value in its claims system. Medica determined that the discrepancy was from the following scenarios:
  - Scenario 1: When the billing provider NPI was missing, data element values were populated with "9999999999" on the EDV study file, but the UMPI was submitted on the encounter to MN DHS file.
  - Scenario 2: Data element values were populated with the rendering provider NPI on the EDV study and did not match the values submitted on the encounter to MN DHS. IPRO to discuss this discrepancy with MN DHS.
- **RENDERING\_PROV\_NPI:** In the encounter examples Medica reviewed, the value submitted for the EDV study matched the value in its claims system. Medica determined that the discrepancy was from the following scenarios:
  - Scenario 1: When the rendering provider NPI was missing, data element values were populated with "9999999999" on the EDV study file, but the UMPI was submitted on the encounter to MN DHS file.
  - Scenario 2: The NPI submitted for the EDV study was the group provider NPI and not the individual provider NPI. The UMPI was submitted on the encounter to MN DHS.

### Institutional Inpatient Encounter Data Type Only

- **FAC\_ADM\_DT:** This was identified as an EDV study extraction issue. Medica included the from-date on the EDV study file. Medica confirmed that the values submitted on the 837I matched its claims system.
- **DIS\_STAT:** This was identified as an EDV study extraction issue. The values for the data element were truncated on the EDV study file. Medica confirmed that the values submitted on the 837I matched its claims system.
- **DX\_ADMIT:** This was identified as an EDV study extraction issue. Medica confirmed that the principal diagnosis code was included on the EDV study file. The values for the data element submitted on the 837I matched its claims system.

- AMT\_OTH\_INS\_PD\_HDR: This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system.
- CLM\_STATUS\_HDR: Medica confirmed that the values it provided on the EDV study file matched the values in the 837I file and its claims system. IPRO will discuss this discrepancy with MN DHS.
- BILLING\_PROV\_NPI: In the encounter examples Medica reviewed, the value submitted for the EDV study matched the value in its claims system. Medica determined that the discrepancy was from the following scenarios:
  - Scenario 1: This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system.
  - Scenario 2: Medica confirmed that the values provided on the EDV study file matched its claims system but did not match the values submitted on the 837I.

#### Institutional Outpatient Encounter Data Type Only

- PATIENT\_RSON\_VIS\_1 to PATIENT\_RSON\_VIS\_3: This was identified as an EDV study extraction issue. The values for the data element were blank on the EDV study file. Medica confirmed that the principal diagnosis code values were submitted on the 837I.
- NDC\_CODE: This was identified as an EDV study extraction issue. The values for the data element were blank on the EDV study file. Medica confirmed that the values submitted on the 837I matched its claims system.
- REFERRING\_PROV\_NPI: Medica confirmed that it does not capture the referring provider NPI in its claims system. Values submitted on the 837I were derived from or matched the attending provider NPI in its claims system. MN DHS indicated that the values populated on the MN DHS file only included NPIs that were registered or enrolled with MN DHS. As a result, if an NPI was only included in the MCO network but was not registered at MN DHS, then the values were blank in the MN DHS file, even when the values were submitted in 837I files. IPRO to discuss this discrepancy with MN DHS.

#### Dental Encounter Data Type Only

- MCO\_TRACKING\_ICN: In the encounter examples Medica reviewed, the value submitted for the EDV study matched the value in its claims system. Medica determined that the discrepancy was from the following scenarios:
  - Scenario 1: Data element values were missing on the MN DHS file because the claim was adjusted, and only the adjusted version of the claim was submitted to MN DHS.
  - Scenario 2: Data element values were missing on the EDV study file because the claim was not adjusted in Medica's claims system but was adjusted during the encounter submission.
- AMT\_MCO\_PAID\_HDR: This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837D matched its claims system.
- MODIFIER1 to MODIFIER4: In one of the encounter examples that Medica reviewed, the values populated on the EDV study file were tooth surface codes. This was identified as an EDV extraction issue. In another example that Medica reviewed, the values of "51" (Multiple Procedures) were submitted on the 837D.

#### Pharmacy Encounter Data Type Only

- PAIDDATE\_HDR: This was identified as an EDV study extraction issue. Medica provided the check date on the EDV study file. Medica confirmed that the values submitted on the NCPDP matched its claims system.
- COST\_INGRD\_AMT: Medica confirmed the values it provided on the EDV study matched the values in the NCPDP file and its claims system. IPRO to discuss this discrepancy with MN DHS.

### Institutional Inpatient and Institutional Outpatient Encounter Data Type Only

- TYPEBILL\_FREQ: As per DHS guidelines, the expected values for the type of bill frequency are “1” (Admit through Discharge), “2” (Interim-First Claim), “3” (Interim-Continuing Claim), “4” (Interim-Last Claim), “5” (Late Charges), and “8” (Void). Medica confirmed that the values that were submitted on the encounter to MN DHS were per DHS guidelines and did not match the values in its claims system. The values that were submitted on the 837I file matched the values on the MN DHS file. The values that Medica submitted on the EDV study data file matched its claims system. IPRO to discuss this discrepancy with MN DHS.
- ECODE\_1 to ECODE\_12: Medica confirmed that the values were not submitted on the 837I to MN DHS. The values it provided on the EDV study data file matched the values in its claims system. IPRO to discuss this discrepancy with MN DHS.
- ATTENDING\_PROV\_NPI: This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837I matched its claims system. MN DHS indicated that the values populated on the MN DHS file only included NPIs that were registered or enrolled with MN DHS. As a result, if an NPI was only included in the MCO network but was not registered at MN DHS, then the values were blank in the MN DHS file, even when the values were submitted in 837I files. IPRO to discuss this discrepancy with MN DHS.

### Professional, Institutional Inpatient, and Institutional Outpatient Data Type Only

- MCO\_ICN: This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837P/837I matched its claims system. Medica included ICNs on the EDV study file.
- MCO\_TRACKING\_ICN: This was identified as an EDV study extraction issue. Medica confirmed that the values submitted on the 837P/837I matched its claims system.

### Recommendations for Future EDV Studies

- AMT\_OTH\_INS\_PD\_HDR: Data element is summarized from AMT\_OTH\_INS\_PD\_DTL. IPRO to discuss removing this data element from future EDV studies with MN DHS.
- Medica should correct any discrepancies related to the EDV reporting logic utilized to develop the EDV study file.