



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

---

### **Encounter Data Validation Study (2025–2026) South Country Health Alliance (SCHA)**

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 SCHA by Claim Type .....	7
Professional Claim Type .....	7
Institutional Inpatient Claim Type .....	8
Institutional Outpatient Claim Type.....	11
Dental Claim Type.....	13
Pharmacy Claim Type .....	15
Conclusions and Recommendations.....	17
Findings for Electronic Encounter Data .....	17
Recommendations for Future EDV Studies.....	18

## 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.....	8
Table 4: Match Rate with the Outpatient DHS File.....	9
Table 5: Institutional Inpatient Data Element Discrepancies and Findings.....	9
Table 6: Match Rate for the Institutional Outpatient Claim Type .....	11
Table 7: Institutional Outpatient Data Element Discrepancies and Findings .....	11
Table 8: Match Rate for the Dental Claim Type .....	13
Table 9: Dental Data Element Discrepancies and Findings .....	14
Table 10: Match Rate for the Pharmacy Claim Type .....	15
Table 11: Pharmacy Data Element Discrepancies and Findings .....	15

---

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), South County Health Alliance (SCHA). 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 SCHA 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, SCHA should ensure that identified data extraction issues are resolved prior to data submission.

## Background

MN DHS collects encounter data from SCHA. 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 the 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 SCHA by Claim Type

The SCHA EDV study call was conducted on January 20, 2026. SCHA'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, SCHA, Cirdan Health Systems and Consulting, Delta Dental, PerformRx, PrimeWest Health, 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 SCHA'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 SCHA, MN DHS, and IPRO. The non-matches were attributed to encounters that were voided and not included in the file from 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	924,117	910,703	98.55

IPRO compared each data element in SCHA'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 SCHA. During the teleconference, SCHA 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	910,703	100.00	-
MCO_ICN	910,703	100.00	-
MCO_TRACKING_ICN	910,703	100.00	-
DTE_FIRST_SVC	910,703	100.00	-
DTE_LAST_SVC	910,703	100.00	-
POS_CD	910,703	100.00	-
DIAGCD1	910,692	100.00	-
DIAGCD2	910,664	100.00	-
DIAGCD3	910,658	100.00	-
DIAGCD4	910,649	99.99	-
DIAGCD5	910,662	100.00	-
DIAGCD6	910,630	99.99	-
DIAGCD7	910,657	99.99	-
DIAGCD8	910,660	100.00	-
DIAGCD9	910,666	100.00	-
DIAGCD10	910,669	100.00	-
DIAGCD11	910,653	99.99	-
DIAGCD12	910,669	100.00	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
AMT_OTH_INS_PD_HDR	846,847	92.99	Data element is summarized from AMT_OTH_INS_PD_DTL.  IPRO to discuss removing the data element from future EDV studies with MN DHS.
PAIDDATE_DTL	910,703	100.00	-
AMT_MCO_PAID_DTL	910,703	100.00	-
AMT_OTH_INS_PD_DTL	908,689	99.78	-
CLM_STATUS_DTL	910,703	100.00	-
PROC_CD	910,703	100.00	-
QTY_UNITS_BILLED	910,553	99.98	-
PROF_PROC_MOD_CD1	910,502	99.98	-
PROF_PROC_MOD_CD2	910,559	99.98	-
PROF_PROC_MOD_CD3	910,658	100.00	-
PROF_PROC_MOD_CD4	910,691	100.00	-
NDC_CODE	910,703	100.00	-
BILLING_PROV_NPI	910,703	100.00	-
RENDERING_PROV_NPI	910,401	99.97	-

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.

### Institutional Inpatient Claim Type

IPRO compared each data element in SCHA’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 SCHA, 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 included in the file from MN DHS.
- The voided encounters were submitted to MN DHS following the EDV study, that had a through date of March 31, 2025.
- The encounters included service-through dates that extended beyond the review period and were not 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	48,719	41,981	86.17

**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 (%)
48,719	6,738	78.30	78.30	78.30

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	41,981	100.00	-
MCO_ICN	41,981	100.00	-
MCO_TRACKING_ICN	41,981	100.00	-
ADMIT_TYPE_CD	41,981	100.00	-
FAC_ADM_DT	41,981	100.00	-
START_DT	41,981	100.00	-
END_DT	41,981	100.00	-
DIS_STAT	41,981	100.00	-
TYPEBILL	41,981	100.00	-
TYPEBILL_FREQ	39,644	94.43	SCHA 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 SCHA submitted on the EDV study data file matched its claims system.  IPRO to discuss this discrepancy with MN DHS.
DIAGCD1	41,981	100.00	-
DIAGCD2	41,981	100.00	-
DIAGCD3	41,981	100.00	-
DIAGCD4	41,981	100.00	-
DIAGCD5	41,981	100.00	-
DIAGCD6	41,981	100.00	-
DIAGCD7	41,981	100.00	-
DIAGCD8	41,981	100.00	-
DIAGCD9	41,981	100.00	-
DIAGCD10	41,981	100.00	-
DIAGCD11	41,981	100.00	-
DIAGCD12	41,981	100.00	-
DIAGCD13	41,981	100.00	-
DIAGCD14	41,981	100.00	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
DIAGCD15	41,981	100.00	-
DIAGCD16	41,981	100.00	-
DIAGCD17	41,981	100.00	-
DIAGCD18	41,981	100.00	-
DIAGCD19	41,981	100.00	-
DIAGCD20	41,981	100.00	-
DIAGCD21	41,981	100.00	-
DIAGCD22	41,981	100.00	-
DIAGCD23	41,981	100.00	-
DIAGCD24	41,981	100.00	-
DIAGCD25	41,981	100.00	-
DX_ADMIT	41,981	100.00	-
PATIENT_RSON_VIS_1	41,981	100.00	-
PATIENT_RSON_VIS_2	41,981	100.00	-
PATIENT_RSON_VIS_3	41,981	100.00	-
ECODE_1	40,661	96.86	-
ECODE_2	40,329	96.06	-
ECODE_3	41,548	98.97	-
ECODE_4	41,830	99.64	-
ECODE_5	41,968	99.97	-
ECODE_6	41,968	99.97	-
ECODE_7	41,981	100.00	-
ECODE_8	41,981	100.00	-
ECODE_9	41,981	100.00	-
ECODE_10	41,981	100.00	-
ECODE_11	41,981	100.00	-
ECODE_12	41,981	100.00	-
SURG1	41,981	100.00	-
SURG2	41,981	100.00	-
SURG3	41,981	100.00	-
SURGDTE1	41,981	100.00	-
SURGDTE2	41,981	100.00	-
SURGDTE3	41,981	100.00	-
PAIDDATE_HDR	41,981	100.00	-
AMT_MCO_PAID_HDR	41,981	100.00	-
AMT_OTH_INS_PD_HDR	41,939	99.90	-
AMT_OTH_INS_PD_DTL	41,981	100.00	-
CLM_STATUS_HDR	41,981	100.00	-
UNITS_BILLED	41,981	100.00	-
REVENUE_CODE	41,981	100.00	-
BILLING_PROV_NPI	41,981	100.00	-
ATTENDING_PROV_NPI	40,327	96.06	-

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 SCHA'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 SCHA, MN DHS, and IPRO. The non-matches were attributed to voided encounter version of the claim.

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

Encounter Data Type	Total Encounter Lines (n)	Matched Encounter Lines (n)	Match Rate (%)
Outpatient	494,354	484,715	98.05

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	484,715	100.00	-
MCO_ICN	484,715	100.00	-
MCO_TRACKING_ICN	484,715	100.00	-
ADMIT_TYPE_CD	484,715	100.00	-
FAC_ADM_DT	484,705	100.00	-
START_DT	484,715	100.00	-
END_DT	484,715	100.00	-
DTL_SVC_DT	484,715	100.00	-
DIS_STAT	484,715	100.00	-
TYPEBILL	484,686	99.99	-
TYPEBILL_FREQ	467,368	96.42	-
DIAGCD1	484,715	100.00	-
DIAGCD2	484,715	100.00	-
DIAGCD3	484,715	100.00	-
DIAGCD4	484,715	100.00	-
DIAGCD5	484,715	100.00	-
DIAGCD6	484,715	100.00	-
DIAGCD7	484,715	100.00	-
DIAGCD8	484,715	100.00	-
DIAGCD9	484,715	100.00	-
DIAGCD10	484,715	100.00	-
DIAGCD11	484,715	100.00	-
DIAGCD12	484,715	100.00	-
DIAGCD13	484,715	100.00	-
DIAGCD14	484,715	100.00	-
DIAGCD15	484,715	100.00	-
DIAGCD16	484,715	100.00	-
DIAGCD17	484,715	100.00	-
DIAGCD18	484,715	100.00	-
DIAGCD19	484,715	100.00	-
DIAGCD20	484,715	100.00	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
DIAGCD21	484,715	100.00	-
DIAGCD22	484,715	100.00	-
DIAGCD23	484,715	100.00	-
DIAGCD24	484,715	100.00	-
DIAGCD25	484,715	100.00	-
DX_ADMIT	484,705	100.00	-
PATIENT_RSON_VIS_1	484,697	100.00	-
PATIENT_RSON_VIS_2	484,715	100.00	-
PATIENT_RSON_VIS_3	484,715	100.00	-
ECODE_1	455,680	94.01	SCHA confirmed the values that were provided on the EDV study matched the values that were submitted in the 837I file and its claims system.  IPRO to discuss this discrepancy with MN DHS.
ECODE_2	468,520	96.66	See finding for ECODE_1.
ECODE_3	478,021	98.62	See finding for ECODE_1.
ECODE_4	483,349	99.72	See finding for ECODE_1.
ECODE_5	484,635	99.98	See finding for ECODE_1.
ECODE_6	484,682	99.99	See finding for ECODE_1.
ECODE_7	484,715	100.00	See finding for ECODE_1.
ECODE_8	484,715	100.00	See finding for ECODE_1.
ECODE_9	484,715	100.00	See finding for ECODE_1.
ECODE_10	484,715	100.00	See finding for ECODE_1.
ECODE_11	484,715	100.00	See finding for ECODE_1.
ECODE_12	484,715	100.00	See finding for ECODE_1.
SURG1	484,715	100.00	-
SURG2	484,715	100.00	-
SURG3	484,715	100.00	-
SURGDTE1	484,715	100.00	-
SURGDTE2	484,715	100.00	-
SURGDTE3	484,715	100.00	-
PAIDDATE_HDR	484,715	100.00	-
AMT_MCO_PAID_HDR	484,715	100.00	-
AMT_OTH_INS_PD_HDR	397,466	82.00	Data element is summarized from AMT_OTH_INS_PD_DTL.  IPRO to discuss removing the data element from future EDV studies with MN DHS.
PAIDDATE_DTL	484,715	100.00	-
AMT_MCO_PAID_DTL	484,715	100.00	-
AMT_OTH_INS_PD_DTL	484,711	100.00	-
CLM_STATUS_HDR	484,715	100.00	-
CLM_STATUS_DTL	484,715	100.00	-
PROC_CD	484,715	100.00	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
UNITS_BILLED	484,715	100.00	-
MODIFIER1	482,377	99.52	-
MODIFIER2	483,603	99.77	-
MODIFIER3	484,365	99.93	-
MODIFIER4	484,664	99.99	-
REVENUE_CODE	484,715	100.00	-
NDC_CODE	481,606	99.36	-
BILLING_PROV_NPI	484,715	100.00	-
ATTENDING_PROV_NPI	463,727	95.67	-
REFERRING_PROV_NPI	482,889	99.62	-

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 SCHA’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 SCHA, 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 that were voided were not submitted to MN DHS.
- The encounters were submitted to MN DHS; however, the encounter line was subsequently voided and was not included in the file from MN DHS.
- The encounter lines were not submitted to MN DHS.
- The encounter lines were submitted on 837D but were rejected by 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	112,383	111,581	99.29

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	111,581	100.00	-
MCO_ICN	111,581	100.00	-
MCO_TRACKING_ICN	87,359	78.29	In the encounter examples SCHA reviewed, the value submitted for the EDV study matched the value in its claims system. SCHA 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 SCHA's claims system but was adjusted during the encounter submission.</li> </ul>
DTE_FIRST_SVC_HDR	110,805	99.30	-
DTE_LAST_SVC_HDR	110,796	99.30	-
DTE_FIRST_SVC_DTL	111,532	99.96	-
DTE_LAST_SVC_DTL	111,532	99.96	-
UNITS_BILLED	111,581	100.00	-
POS_CD	105,467	94.52	In the encounter examples SCHA reviewed, the data element values defaulted to "11" (Office Visit) when the provider did not submit a place of service code. The values that were submitted in the EDV study data file matched SCHA's claims system, and the values that were submitted on the 837D matched the values on the MN DHS file.
PAIDDATE_HDR	111,581	100.00	-
AMT_MCO_PAID_HDR	3,307	2.96	This was identified as an EDV study extraction issue. SCHA confirmed that values that were submitted on the 837D matched the values in its claims system.
AMT_OTH_INS_PD_HDR	111,542	99.97	-
PAIDDATE_DTL	111,581	100.00	-
AMT_MCO_PAID_DTL	111,576	100.00	-
AMT_OTH_INS_PD_DTL	111,581	100.00	-
CLM_STATUS_HDR	111,581	100.00	-
CLM_STATUS_DTL	111,581	100.00	-
DIAGCD1	111,581	100.00	-
DIAGCD2	111,581	100.00	-
DIAGCD3	111,581	100.00	-
DIAGCD4	111,581	100.00	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
CDT	111,581	100.00	-
TOOTHNUMBER	111,265	99.72	-
MODIFIER1	94,704	84.87	In one of the encounter examples that SCHA 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 SCHA reviewed, the values of "51" (Multiple Procedures) were submitted to MN DHS per DHS guidelines to ensure that the encounter is accepted.
MODIFIER2	102,184	91.58	See finding for MODIFIER1.
MODIFIER3	108,368	97.12	See finding for MODIFIER1.
MODIFIER4	110,694	99.21	See finding for MODIFIER1.
BILLING_PROV_NPI	111,566	99.99	-
RENDERING_PROV_NPI	111,581	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 SCHA'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 SCHA, MN DHS, and IPRO. **Table 10** identifies the match rates for the pharmacy claim type. The non-matches were attributed to the following reasons:

- The encounters were voided and not included in the file from MN DHS.
- The encounters were initially active in the claim system and subsequently voided. The non-match could be due to timing.
- The encounters were successfully submitted to MN DHS but were not included on the file from 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	555,640	534,570	96.21

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	534,570	100.00	-
MCO_ICN	534,570	100.00	-
MCO_TRACKING_ICN	530,935	99.32	-
DTE_FIRST_SVC	534,570	100.00	-

Data Element Name	Match (n)	Match Rate (%)	Notable Findings
PAIDDATE_HDR	534,442	99.98	-
AMT_MCO_PAID_HDR	534,570	100.00	-
COST_INGRD_AMT	1,178	0.22	SCHA confirmed that values that were provided on the EDV study matched the values that were submitted on the NCPDP file and its claims system.  IPRO to discuss this discrepancy with MN DHS.
CLM_STATUS_HDR	534,566	100.00	-
PRESC_PROV_NPI	534,570	100.00	-
PRESC_DATE	534,570	100.00	-
NUM_PRESC_ID	534,570	100.00	-
DISPENSE_DATE	534,570	100.00	-
NDC_CODE	534,570	100.00	-
QTY_DISPENSE_DTL	534,010	99.90	-
NUM_DAY_SUPPLY	534,570	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 SCHA EDV study file 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 SCHA, and discussions with SCHA and MN DHS.

## Findings for Electronic Encounter Data

### Institutional Inpatient 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). SCHA 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 SCHA submitted on the EDV study data file matched its claims system. IPRO to discuss this discrepancy with MN DHS.

### Institutional Outpatient Encounter Data Type Only

- ECODE\_1 to ECODE\_12: SCHA confirmed the values that were provided on the EDV study matched the values that were submitted in the 837I file and its claims system. IPRO to discuss this discrepancy with MN DHS.
- AMT\_OTH\_INS\_PD\_HDR: Data element is summarized from AMT\_OTH\_INS\_PD\_DTL. IPRO to discuss removing the data element from future EDV studies with MN DHS

### Dental Encounter Data Type Only

- MCO\_TRACKING\_ICN: In the encounter examples SCHA reviewed, the value submitted for the EDV study matched the value in its claims system. SCHA 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 SCHA's claims system but was adjusted during the encounter submission
- POS\_CD: In the encounter examples SCHA reviewed, the data element values defaulted to "11" (Office Visit) when the provider did not submit a place of service code. The values that were submitted in the EDV study data file matched SCHA's claims system, and the values that were submitted on the 837D matched the values on the MN DHS file.
- AMT\_MCO\_PAID\_HDR: This was identified as an EDV study extraction issue. SCHA confirmed that values that were submitted on the 837D matched the values in its claims system.
- MODIFIER1 to MODIFIER4: In one of the encounter examples that SCHA 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 SCHA reviewed, the values of "51" (Multiple Procedures) were submitted on the 837D.

### Pharmacy Encounter Data Type Only

- COST\_INGRD\_AMT: SCHA confirmed that values that were provided on the EDV study matched the values that were submitted on the NCPDP file and its claims system. IPRO to discuss this discrepancy with MN DHS.

## Recommendations for Future EDV Studies

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