Pennsylvania's Office of Mental Health and Substance Abuse Services

2022 Encounter Data Validation Study

Community Care Behavioral Health

July 2023

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Introduction

The Pennsylvania Department of Human Services (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS) has partnered with its external quality review organization (EQRO), IPRO, to conduct a behavioral health (BH) managed care organization (MCO) encounter data validation (EDV) study.

The Centers for Medicare & Medicaid Services (CMS) encourages states to implement the voluntary EDV protocol due to the need for overall valid and reliable encounter data as part of any state quality improvement efforts. As federal programs transition toward payment reform for demonstrated quality of care, validation of encounter data in the use of performance data will become increasingly important. Transparency of payment and delivery of care is an integral part of health reform. EDV can help states reach the goals of transparency and payment reform to support their efforts in quality measurement and improvement.

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

BH MCOs are required to submit the encounter data files to the Provider Reimbursement and Operations Management Information System (PROMISe). IPRO receives weekly PROMISe professional and institutional inpatient encounter data extracts from Gainwell Technologies and IPRO loads the data to a SAS® data warehouse.

During 2022, an EDV study was carried out by IPRO on behalf of OMHSAS to assess the completeness and accuracy of the BH MCOs encounter data submitted to PROMISe.

Methodology

IPRO requested BH MCO claims data residing in their claims system for the period of services October 1, 2021, to December 31, 2021, for all encounter types and fields included in **Tables 1–3**. The state fiscal year (SFY) 2022 EDV study was conducted for the following participating Medicaid BH MCOs:
- Beacon Health Options of Pennsylvania (BHO),
- Community Behavioral Health (CBH),
- Community Care Behavioral Health Organization (CCBH),
- Magellan Behavioral Health of Pennsylvania (Magellan), and
- PerformCare for Pennsylvania (PerformCare).

IPRO requested that the BH MCOs provide all encounters with dates of service from October 1 to December 31, 2021, and submitted to the state between October 1, 2021, and March 31, 2022. The BH MCOs were requested to select all claims adjudicated by the BH MCO's vendors. The claims provided to IPRO included encounter submissions that were all paid (original, corrected, adjusted/voided, or paid at $0) encounter data and partial payments denied at the line level and paid at the header level. IPRO provided the BH MCOs documentation identifying the logic to be utilized in the identification of the claims to be selected. The BH MCOs submitted the claims by claim type to IPRO. IPRO provided the BH MCOs the identifying data elements that IPRO used to compare to the claims IPRO receives and stores on the weekly vendor extracts.

The BH MCOs are required to submit professional (837P) and institutional inpatient (837I) encounters to PROMISe; any institutional outpatient encounters received and processed by the BH MCO are converted, cross walked and submitted to PROMISe as professional encounters. For the 2022 EDV study, IPRO requested the BH MCOs submit the institutional outpatient data as received from their providers.

Encounter Data Validation Study Methodology

IPRO utilized the following methodology for the EDV study:

1. The BH MCOs submitted all data elements in **Tables 1–3** by claim type obtained from their adjudicated source claims that corresponded to the audit period. To verify the source claims data, IPRO requested the BH MCOs include the internal control number (ICN), if available, obtained by the BH MCOs when the encounter was submitted and accepted by PROMISe.
2. IPRO imported the BH MCO files into SAS and stored the different encounter types separately.
3. IPRO compared the BH MCO source data (claims and encounters) to the encounter data received by PROMISe.
4. IPRO identified the discrepancies by comparing the source data for each data element. IPRO identified differences between the data element (**Tables 1–3**) values from the source data and the data element values included in IPRO's data warehouse (DW). Discrepancies were identified by data element.
5. Data elements with less than a 90% match rate were reviewed. IPRO reviewed discrepancies and categorized them for each encounter type (**Tables 5–6**).
6. IPRO selected a sample of up to 1,000 records for each encounter type and data element discrepancy category identified for each BH MCO. IPRO provided counts of all discrepancies by discrepancy category to OMHSAS and the BH MCOs.

Interviews with BH MCOs

IPRO scheduled teleconferences with OMHSAS and the BH MCOs for the following:
- a review of discrepant records comparing IPRO DW results to BH MCO claims screen and the 837-file string.
- a walkthrough by BH MCOs of the processes for receipt of claims, reconciliation, translation, and submission of claims data to OMHSAS, as well as a walkthrough of any recent system changes, since December 31, 2021, that have been implemented during the past year; review of any questions related to the information systems capability assessment (ISCA).
- a presentation by BH MCOs to IPRO and OMHSAS using the sampled discrepant records and how the claim was adjudicated; and
- a demonstration of all the steps identified by BH MCOs involved in the transfer and processing of source claims data and identification process steps where data could possibly be changed or altered.
- a review of discrepant records comparing IPRO DW results to BH MCO claims screen and the 837-file string.

The BH MCOs provided details on how several sample ICNs were adjudicated and displayed on their claim adjudication system and how each ICN's data elements appeared on the professional (837P) and institutional (837I) encounters submitted to PROMISe.

Data File Layout Request

The BH MCOs were provided the file layouts for each of the following file types:
- professional claims file,
- institutional inpatient claims file, and
- institutional outpatient claims file.

Professional Claims File

Table 1 defines the fields for the professional claims to be submitted by the BH MCOs.

Table 1: Professional Claims File

Professional Claims Field Name	Type	Description
BH_MCO_NAME	Char	BH MCO Name
PLAN CODE	Char	2-digit alpha code
RECIP_ID	Char	Unique number assigned to the recipient (9-digit PA member identification number)
PROMISe ICN	Char	PROMISe Internal Control Number If available, if submitted and accepted by PROMISe.
MCO ICN	Char	Unique control number assigned by the MCO
NUM_ADJ_ICN	Char	The PROMISe ICN of the original claim if the claim is an adjustment

Professional Claims Field Name	Type	Description
LINE_NUMBER	Num	The detail number for the specific detail on the claim (Number (4)) Include any leading zeros
DTE_FIRST_SVC_DTL	Date	Date on which the statement period on the claim began for the detailed line item (mm/dd/yyyy)
DTE_LAST_SVC_DTL	Date	Date on which the statement period on the claim ended for the detailed line item (mm/dd/yyyy)
PLACESVC	Char	A code to indicate where the service was provided (Place of service)
ICD-10 diagnosis – based on the header level diagnosis DO NOT INCLUDE DECIMALS		
DIAGCD1	Char	Primary Diagnosis
DIAGCD2	Char	Second diagnosis
DIAGCD3	Char	Third diagnosis
DIAGCD4	Char	Fourth diagnosis
DIAGCD5	Char	Fifth diagnosis
DIAGCD6	Char	Sixth diagnosis
DIAGCD7	Char	Seventh diagnosis
DIAGCD8	Char	Eighth diagnosis
DIAGCD9	Char	Ninth diagnosis
DIAGCD10	Char	Tenth diagnosis
DIAGCD11	Char	Eleventh diagnosis
DIAGCD12	Char	Twelfth diagnosis
Payment information		
PTMT_ADJ_DATE	Date	MCO Adjudication date (mm/dd/yyyy)
AMT_BH MCO_PAID_HDR	Num	The BH MCO paid amount from the header for header paid claims. Total paid amount of the claim (Number (12,2))
AMT_OTH_INS_PD_HDR	Num	The total TPL paid amount at the claim level (Number (12,2))
AMT_BH MCO_PAID_DTL	Num	The BH MCO paid amount from the detail for detail paid claims. Total paid amount of the line item (Number (12,2))
AMT_OTH_INS_PD_DTL	Num	The TPL paid amount from the detail (Number (12,2)
Procedure code information		
PROCCODE1	Char	Procedure/supplies/service code (i.e., CPT-4, CDT, and/or HCPCS)
QTY_UNITS_BILLED	Num	The units of service billed at the detail (Number (9,2))
MODIFIER1	Char	The first of up to 4 procedure/service/supplies modifier (if applicable)
MODIFIER2	Char	The second of up to 4 procedure/service/supplies modifier (if applicable)
MODIFIER3	Char	The third of up to 4 procedure/service/supplies modifier (if applicable)
MODIFIER4	Char	The fourth of up to 4 procedure/service/supplies modifier (if applicable)
Provider information		
BILLING_PROV_ID	Char	The billing provider PROMISe ID (MPI) 13-digit code including the service location
BILLING_PROV_NPI	Char	The billing provider NPI
RENDERING_PROV_ID	Char	The Rendering Provider PROMISe ID 13-digit code including the service location
RENDERING_PROV_NPI	Char	The Rendering Provider NPI
REFERRING _PROV_ID	Char	The Referring Provider PROMISe ID

Professional Claims Field Name	Type	Description
		9-digit code
REFERRING _PROV_NPI	Char	The Referring Provider NPI

BH: behavioral health; MCO: managed care organization; PA: Pennsylvania; PROMISe: Provider Reimbursement and Operations Management Information System; ICN: internal control number; ICD-10: International Classification of Diseases, 10th Edition; TPL: third-party liability; CPT-4: Current Procedural Terminology, 4th Edition; CDT: Current Dental Terminology; HCPCS: Healthcare Common Procedure Coding System; ID: identification; MPI: master provider index; NPI: National Provider Identifier.

Institutional Claims File – Inpatient
Table 2 defines the fields for the institutional claims to be submitted by the BH MCOs.

Table 2: Institutional Inpatient Claims File – Inpatient Fields

Institutional Inpatient Field Name	Type	Description
BH_MCO_NAME	Char	BH MCO Name
PLAN CODE	Char	2-digit alpha code
RECIP_ID	Char	Unique number assigned to the recipient (9-digit PA member identification number)
PROMISe ICN	Char	PROMISe Internal Control Number If available, if submitted and accepted by PROMISe
MCO ICN	Char	Unique control number assigned by the MCO
NUM_ADJ_ICN	Char	The PROMISe ICN of the original claim if the claim is an adjustment
LINE_NUMBER	Num	The detail number for the specific detail on the claim (Number (4)) Include any leading zeros
DTE_ADMISSION	Date	Date that the recipient was admitted by the provider for inpatient care (mm/dd/yyyy)
DTE_DISCHARGE	Date	Date that the recipient was discharged by the provider for inpatient care (mm/dd/yyyy)
DTE_FIRST_SVC_HDR	Date	Date on which the statement period on the claim began from the header paid claims (mm/dd/yyyy)
DTE_LAST_SVC_HDR	Date	Date on which the statement period on the claim ended from the header paid claims (mm/dd/yyyy)
DTE_FIRST_SVC_DTL	Date	Date on which the statement period on the claim began for the detailed line item (mm/dd/yyyy)
DTE_LAST_SVC_DTL	Date	Date on which the statement period on the claim ended for the detailed line item (mm/dd/yyyy)
ADMITTYP	Char	Admission type
DIS_STAT	Char	Patient discharge status code
TYPEBILL	Char	Type of bill 3-digit code
DRG	Char	DRG code (3-digit field; please submit value in this field only if it is an inpatient claim paid on a DRG rate as reported on the encounter)
ICD-10 diagnosis – based on the header level diagnosis DO NOT INCLUDE DECIMALS		
DIAGCD1	Char	Principal diagnosis
DIAGCD2	Char	Second diagnosis
DIAGCD3	Char	Third diagnosis

Institutional Inpatient Field Name	Type	Description
DIAGCD4	Char	Fourth diagnosis
DIAGCD5	Char	Fifth diagnosis
DIAGCD6	Char	Sixth diagnosis
DIAGCD7	Char	Seventh diagnosis
DIAGCD8	Char	Eighth diagnosis
DIAGCD9	Char	Ninth diagnosis
DIAGCD10	Char	Tenth diagnosis
DIAGCD11	Char	Eleventh diagnosis
DIAGCD12	Char	Twelfth diagnosis
DIAGCD13	Char	Thirteenth diagnosis
DIAGCD14	Char	Fourteenth diagnosis
DIAGCD15	Char	Fifteenth diagnosis
DIAGCD16	Char	Sixteenth diagnosis
DIAGCD17	Char	Seventieth diagnosis
DIAGCD18	Char	Eighteenth diagnosis
DIAGCD19	Char	Nineteenth diagnosis
DIAGCD20	Char	Twentieth diagnosis
DIAGCD21	Char	Twenty First diagnosis
DIAGCD22	Char	Twenty Second diagnosis
DIAGCD23	Char	Twenty Third diagnosis
DIAGCD24	Char	Twenty Fourth diagnosis
DIAGCD25	Char	Twenty Fifth diagnosis
Procedure codes DO NOT INCLUDE DECIMALS		
SURG1	Char	Surgical code 1
SURG2	Char	Surgical code 2
SURG3	Char	Surgical code 3
SURG4	Char	Surgical code 4
SURG5	Char	Surgical code 5
SURG6	Char	Surgical code 6
SURGDTE1	Date	Surgical date 1 (mm/dd/yyyy)
SURGDTE2	Date	Surgical date 2 (mm/dd/yyyy)
SURGDTE3	Date	Surgical date 3 (mm/dd/yyyy)
SURGDTE4	Date	Surgical date 4 (mm/dd/yyyy)
SURGDTE5	Date	Surgical date 5 (mm/dd/yyyy)
SURGDTE6	Date	Surgical date 6 (mm/dd/yyyy)
Payment information – inpatient claims are paid at the header.		
PTMT_ADJ_DATE	Date	MCO Adjudication date (mm/dd/yyyy)
AMT_BH MCO_PAID_HDR	Num	The BH MCO paid amount from the header for header paid claims. Total paid amount of the claim (Number (12,2))
AMT_OTH_INS_PD_HDR	Num	The total TPL paid amount at the claim level (Number (12,2))
AMT_BH MCO_PAID_DTL	Num	The BH MCO paid amount from the detail for detail paid claims. Total paid amount of the line item (Number (12,2))
Revenue code		
REVENUE_CODE	Char	Revenue center code Include any leading zeros

Institutional Inpatient Field Name	Type	Description
Provider information		
BILLING_PROV_ID	Char	The billing provider PROMISe ID (MPI) 13-digit code including the service location
BILLING_PROV_NPI	Char	The billing provider NPI
RENDERING_PROV_ID	Char	The Rendering Provider PROMISe ID 13-digit code including the service location
RENDERING_PROV_NPI	Char	The Rendering Provider NPI
REFERRING _PROV_ID	Char	The Referring Provider PROMISe ID 9-digit code
REFERRING _PROV_NPI	Char	The Referring Provider NPI

BH: behavioral health; MCO: managed care organization; PA: Pennsylvania; PROMISe: Provider Reimbursement and Operations Management Information System; ICN: internal control number; DRG: diagnosis-related group; ICD-10: International Classification of Diseases, 10th Edition; TPL: third-party liability; ID: identification; MPI: master provider index; NPI: National Provider Identifier.

Institutional Claims File – Outpatient

Table 3 defines the fields for the institutional outpatient claims to be submitted by the BH MCOs.

Table 3: Institutional Outpatient Claims File – Outpatient Fields

Institutional Outpatient Field Name	Type	Description
BH_MCO_NAME	Char	BH MCO Name
PLAN CODE	Char	2-digit alpha code
RECIP_ID	Char	Unique number assigned to the recipient (9-digit PA member identification number)
PROMISe ICN	Char	PROMISe Internal Control Number If available, if submitted and accepted by PROMISe
MCO ICN	Char	Unique control number assigned by the MCO
NUM_ADJ_ICN	Char	The PROMISe ICN of the original claim if the claim is an adjustment.
LINE_NUMBER	Num	The detail number for the specific detail on the claim (Number (4)) Include any leading zeros
DTE_FIRST_SVC_HDR	Date	Date on which the statement period on the claim began from the header paid claims (mm/dd/yyyy)
DTE_LAST_SVC_HDR	Date	Date on which the statement period on the claim ended from the header paid claims (mm/dd/yyyy)
DTE_FIRST_SVC_DTL	Date	Date on which the statement period on the claim began for the detailed line item (mm/dd/yyyy)
DTE_LAST_SVC_DTL	Date	Date on which the statement period on the claim ended for the detailed line item (mm/dd/yyyy)
TYPEBILL	Char	Type of bill 3-digit code
ICD-10 diagnosis – based on the header level diagnosis DO NOT INCLUDE DECIMALS		
DIAGCD1	Char	Principal Diagnosis
DIAGCD2	Char	Second diagnosis

Institutional Outpatient Field Name	Type	Description
DIAGCD3	Char	Third diagnosis
DIAGCD4	Char	Fourth diagnosis
DIAGCD5	Char	Fifth diagnosis
DIAGCD6	Char	Sixth diagnosis
DIAGCD7	Char	Seventh diagnosis
DIAGCD8	Char	Eighth diagnosis
DIAGCD9	Char	Ninth diagnosis
DIAGCD10	Char	Tenth diagnosis
DIAGCD11	Char	Eleventh diagnosis
DIAGCD12	Char	Twelfth diagnosis
DIAGCD13	Char	Thirteenth diagnosis
DIAGCD14	Char	Fourteenth diagnosis
DIAGCD15	Char	Fifteenth diagnosis
DIAGCD16	Char	Sixteenth diagnosis
DIAGCD17	Char	Seventieth diagnosis
DIAGCD18	Char	Eighteenth diagnosis
DIAGCD19	Char	Nineteenth diagnosis
DIAGCD20	Char	Twentieth diagnosis
DIAGCD21	Char	Twenty First diagnosis
DIAGCD22	Char	Twenty Second diagnosis
DIAGCD23	Char	Twenty Third diagnosis
DIAGCD24	Char	Twenty Fourth diagnosis
DIAGCD25	Char	Twenty Fifth diagnosis
ICD-10 procedure codes DO NOT INCLUDE DECIMALS		
SURG1	Char	Surgical code 1
SURG2	Char	Surgical code 2
SURG3	Char	Surgical code 3
SURG4	Char	Surgical code 4
SURG5	Char	Surgical code 5
SURG6	Char	Surgical code 6
SURGDTE1	Date	Surgical date 1 (mm/dd/yyyy)
SURGDTE2	Date	Surgical date 2 (mm/dd/yyyy)
SURGDTE3	Date	Surgical date 3 (mm/dd/yyyy)
SURGDTE4	Date	Surgical date 4 (mm/dd/yyyy)
SURGDTE5	Date	Surgical date 5 (mm/dd/yyyy)
SURGDTE6	Date	Surgical date 6 (mm/dd/yyyy)
Payment information		
PTMT_ADJ_DATE	Date	MCO Adjudication date (mm/dd/yyyy)
AMT_BH MCO_PAID_HDR	Num	This is the BH MCO paid amount from the header for header paid claims. Total paid amount of the claim (Number (12,2))
AMT_OTH_INS_PD_HDR	Num	The total TPL paid amount at the claim level (Number (12,2))
AMT_BH MCO_PAID_DTL	Num	The BH MCO paid amount from the detail for detail paid claims. Total paid amount of the line item (Number (12,2))
AMT_OTH_INS_PD_DTL	Num	The TPL paid amount from the detail (Number (12,2))
Procedure code and revenue code		

Institutional Outpatient Field Name	Type	Description
PROCEDURE_CODE	Char	Procedure code (if applicable)
UNITS_BILLED	Num	Units of service billed for payment (Number (9,2))
MODIFIER1	Char	The first of up to four procedures/services/supplies modifiers (if applicable)
MODIFIER2	Char	The second of up to four procedures/services/supplies modifiers (if applicable)
MODIFIER3	Char	The third of up to four procedures/services/supplies modifiers (if applicable)
MODIFIER4	Char	The fourth of up to four procedures/services/supplies modifiers (if applicable)
REVENUE_CODE	Char	Revenue center code Including any leading zeros.
Provider information		
BILLING_PROV_ID	Char	The billing provider PROMISe ID (MPI) 13-digit code including the service location
BILLING_PROV_NPI	Char	The billing provider NPI
RENDERING_PROV_ID	Char	The Rendering Provider PROMISe ID 13-digit code including the service location
RENDERING_PROV_NPI	Char	The Rendering Provider NPI
REFERRING _PROV_ID	Char	The Referring Provider PROMISe ID 9-digit code
REFERRING _PROV_NPI	Char	The Referring Provider NPI

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Findings

Community Care Behavioral Health of Pennsylvania (CCBH) EDV study call was conducted on October 11th, 2022. CCBH's incoming data (encounter data study file submitted) and submitted data (encounters) were reviewed for discrepancies of data fields present in the professional, institutional inpatient and institutional outpatient encounter types between the submitted EDV data file and the data submitted to PROMISe. The attendees of the CCBH's EDV study call included OMHSAS, Behavioral HealthChoices Contractor (BHCC), IPRO and CCBH.

Professional, Institutional Inpatient, and Institutional Outpatient Claims Files:
IPRO receives weekly encounter data extracts from Gainwell Technologies for PROMISe encounter data that were used in comparing the MCO encounter data study files received. IPRO receives and stores the following data tables in IPRO's data warehouse which consist of the following SAS data table:

- Institutional common header: containing claim header information for the ICN, including ICD-10-CM diagnosis codes 1-12, and member identification number for the Institutional inpatient encounters.
- Institutional header: containing claim header information for the ICN, including additional ICD-10-CM diagnosis codes 13-25, DRG code, ICD-10-CM procedure code, place of service code and type of bill for the Institutional inpatient encounters.
- Institutional detail: containing service line detail information for the ICN, including procedure codes, revenue codes and modifier codes 1-4 for the institutional inpatient encounters.

- Professional common header: containing claim header information for the ICN, including ICD-10-CM diagnosis codes 1-12, and member identification number for the Professional encounters.
- Professional detail (for Professional and Institutional Outpatient): containing claim header information for the ICN, including, ICD-10-CM procedure codes, modifier codes, place of service, and procedure codes for the Professional encounters.
- Institutional outpatient common header: member identification number, plan identification information, statement start and end date, diagnosis codes 1-12, payment adjudication date, amounts paid, billing and rendering provider ID and NPI

IPRO matched the EDV study to IPRO's DW encounter data tables for the paid/accepted PROMISe encounters by ICN, and IPRO identified there were records submitted on the EDV study file that were not included on the IPRO DW data tables. The majority of these ICNs that were not matched were identified as being adjusted or voided records where the ICN begins with a '7.'

Table 4 outlines the number of records received by encounter type, number of records matched to ICN, and the number of records that were voided that started with a '7'. Each of the three encounter types received for the EDV study were compared to multiple encounter data tables in IPRO's DW.

Table 4: Number of Types of Records Received by Encounter Type

Encounter Type	Number of Records Received by Encounter Type	Number of Records Matched to ICN	Number of Records that Were Voided that Started with 7
Professional (header)	1,655,761	1,631,217	0
Institutional inpatient (header)	15,529	15,529	0
Institutional outpatient (header)	1,291	1,291	0

ICN: internal control number; Number of Records Received by Encounter Type: indicates the total number of records received on the EDV study file; Number of Records Matched to ICN: indicates the number of records on the EDV study file that were matched to IPRO's DW tables, by ICN; Number of Records that were Voided that Started with 7: indicates the number of records received on the EDV study file that were voided and the ICN began with a '7.'

Institutional Claims File – Outpatient
Table 5 identifies how many ICNs were submitted on the institutional outpatient EDV study file with values that were not submitted to PROMISe on the 837P for these data fields and would not be available to IPRO for the EDV study comparison and for subsequent reporting activities.

Table 5: Institutional Claims File – Outpatient Fields Not in Professional Format

Data Fields	CCBH Counts of Data Values Present on EDV Study Not Submitted to PROMISe
DIAGCD13	70
DIAGCD14	27
DIAGCD15	10
DIAGCD16	0
DIAGCD17	0
DIAGCD18	0
DIAGCD19	0
DIAGCD20	0
DIAGCD21	0
DIAGCD22	0
DIAGCD23	0

Data Fields	CCBH Counts of Data Values Present on EDV Study Not Submitted to PROMISe
DIAGCD24	0
DIAGCD25	0
SURG1	0
SURG2	0
SURG3	0
SURG4	0
SURG5	0
SURG6	0
SURGDTE1	0
SURGDTE2	0
SURGDTE3	0
SURGDTE4	0
SURGDTE5	0
SURGDTE6	0
REVENUE_CODE	1,837
REFERRING_PROV_ID	0
REFERRING_PROV_NPI	0
TYPEBILL	1,837

CCBH: Community Care Behavioral Health of Pennsylvania; EDV: encounter data validation; PROMISe: Provider Reimbursement and Operations Management Information System.

CCBH Professional Data Element Discrepancies and Findings

Table 6 details the CCBH **professional** discrepant data elements results.

Table 6: CCBH Professional Encounter Type Discrepant Fields Match Frequencies and Findings

Professional Encounter Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
PLAN_CODE	100.00	
RECIP_ID	100.00	
PROMISe_ICN	100.00	
MCO_ICN	100.00	
NUM_ADJ_ICN	100.00	
PLACESVC	95.89	
DIAGCD1	100.00	
DIAGCD2	99.96	
DIAGCD3	99.93	
DIAGCD4	99.92	
DIAGCD5	99.92	
DIAGCD6	99.94	
DIAGCD7	99.96	
DIAGCD8	99.97	
DIAGCD9	99.98	
DIAGCD10	99.99	

Professional Encounter Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
DIAGCD11	99.99	
DIAGCD12	99.99	
PTMT_ADJ_DATE	99.98	
AMT_BH_MCO_PAID_HDR	70.89	**BH MCO response:** CCBH reviewed the discrepant records and indicated the EDV study did not incorporate the correct method of summing up the multi-line claims correctly. **Remote meeting discussion:** During the remote meeting, CCBH advised that each line is submitted separately, but the submitted EDV header didn't match, because CCBH had rolled it up. **Follow-up item:** An updated match percentage was recorded matching on MCO_ICN and LINE_NUMBER for records where ICN was neither missing in the EDV study file or the Data Warehouse.
AMT_OTH_INS_PD_HDR	98.52	
BILLING_PROV_ID	99.95	
BILLING_PROV_NPI	0.39	**BH MCO response:** CCBH reviewed the discrepant records and indicated the plan does not include NPI in encounter submissions. CCBH does not know the source of that data point in IPRO's data warehouse. **Remote meeting discussion:** During the remote meeting, CCBH advised that the plan does not submit a reference segment with an NPI on the 837. CCBH is neither submitting BILLING_PROV_NPI nor RENDERING_PROV_NPI on the 837 and these data points are completely missing from the EDV Study File and is being compared to populated values from the Data Warehouse generated by PROMISe. OMHSAS advised that CCBH is submitting the PROMISe ID on the extract and that the NPI is not used during claims adjudication. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO ICN and LINE NUMBER, where ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
RENDERING_PROV_ID	99.95	
RENDERING_PROV_NPI	0.39	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the plan does not include NPI on encounter submissions. CCBH does not know the source of that data point in IPRO's data warehouse. **Remote meeting discussion:** During the remote meeting, CCBH advised that CCBH does not include the rendering provider NPI on the 837. CCBH is neither submitting BILLING_PROV_NPI or RENDERING_PROV_NPI on the 837 and these data points are completely missing from the EDV Study File and is being compared to populated values from the Data Warehouse generated by PROMISe. OMHSAS/PROMISe advised that NPI is calculated and assigned by PROMISe. **Follow-up item:** An updated match was recorded after matching the EDV study file and the data warehouse data on MCO ICN and LINE

Professional Encounter Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
		NUMBER, where ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
LINE_NUMBER	100.00	
DTE_FIRST_SVC_DTL	99.98	
DTE_LAST_SVC_DTL	99.95	
AMT_BH_MCO_PAID_DTL	99.53	
PROCCODE1	79.34	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the procedure code submitted to CCBH from the provider was populated for this field rather than the cross walked code from the BHSRCC grid submitted to PROMISe. **Remote meeting discussion:** During the remote meeting, CCBH advised the differences in procedure code were due to the code present on the Data Warehouse cross walked to the BHSRCC grid prior to being submitted to PROMISe. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO ICN and line number, where ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
MODIFIER1	27.27	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the modifier submitted to CCBH from the provider was populated for this field rather than the cross walked code from the BHSRCC grid which was submitted to the State. **Remote meeting discussion:** During the remote meeting, CCBH advised the issue is based on a number line issue, or based on targeted case management (where it was mapped based on BHSRCC mapping), or there was no modifier that came in on the claim and the BHSRCC grid was used to submit the encounter. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO ICN and line number, where ICN was not missing in the EDV Study file or in the Data Warehouse.
MODIFIER2	85.36	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the modifier submitted to CCBH from the provider was populated for this field rather than the cross walked code from the BHSRCC grid which was submitted to the State. **Remote meeting discussion:** During the remote meeting, one discrepant ICN was reviewed, and CCBH advised that the modifier code value submitted in the EDV study file was not mapped according to the BHSRCC grid. The value submitted to PROMISe was based on the cross walked BHSRCC grid value. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO_ICN

Professional Encounter Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
		and LINE_NUMBER while ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
MODIFIER3	98.74	
MODIFIER4	99.98	

Yellow shading indicates a percent match rate of less than 90%.

Grey shading indicates a BH MCO EDV study data extraction issue.

Light green shading indicates a difference in values attributed to the BHSRCC grid mapping.

CCBH: Community Care Behavioral Health of Pennsylvania; BH: behavioral health; MCO: managed care organization; EDV: encounter data validation; ICN: internal control number; PROMISe: Provider Reimbursement and Operations Management Information System; NPI: National Provider Identifier; TIN: taxpayer identification number; BHSRCC: Behavioral Health Services Reporting Classification Chart; BHSRCC: Behavioral Health Services Reporting Classification Chart.

CCBH Institutional Inpatient Data Element Discrepancies and Findings

Table 7 details the CCBH **institutional inpatient** discrepant data elements results.

Table 7: CCBH Institutional Inpatient Encounter Type Discrepant Fields Match Frequencies and Findings

Institutional Inpatient Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
PLAN_CODE	100.00	
RECIP_ID	100.00	
PROMISe_ICN	100.00	
MCO_ICN	100.00	
NUM_ADJ_ICN	100.00	
DTE_ADMISSION	99.10	
DTE_DISCHARGE	67.25	**BH MCO response:** CCBH reviewed the discrepant records and indicated that there was an EDV study pull issue and DTE_DISCHARGE was not loaded correctly to CCBH's (not IPRO's) data repository. **Remote meeting discussion:** During the remote meeting, CCBH advised that institutional inpatient does not have date of discharge in 837I. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO ICN and LINE NUMBER, while ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
DTE_FIRST_SVC_HDR	100.00	
DTE_LAST_SVC_HDR	100.00	
ADMITTYP	99.86	
DIS_STAT	99.68	
TYPEBILL	87.82	**BH MCO response:** CCBH reviewed the discrepant records and indicated that they map 86X to 11X codes and would do more research to better understand why the 114 code was not submitted or populated. **Remote meeting discussion:** During the remote meeting, CCBH advised that type of bill code 114 indicates final discharge and claims are not adjudicated based on type of bill. CCBH applies BHSRCC logic to assign the type of bill based on the date of discharge and the last statement date.
DRG	97.49	

Institutional Inpatient Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
DIAGCD1	100.00	
DIAGCD2	98.81	
DIAGCD3	97.18	
DIAGCD4	95.17	
DIAGCD5	93.65	
DIAGCD6	92.78	
DIAGCD7	91.85	
DIAGCD8	91.44	
DIAGCD9	91.39	
DIAGCD10	92.41	
DIAGCD11	92.94	
DIAGCD12	93.62	
DIAGCD13	94.61	
DIAGCD14	95.18	
DIAGCD15	96.01	
DIAGCD16	96.59	
DIAGCD17	97.12	
DIAGCD18	97.55	
DIAGCD19	98.31	
DIAGCD20	98.66	
DIAGCD21	98.97	
DIAGCD22	99.21	
DIAGCD23	99.38	
DIAGCD24	99.52	
DIAGCD25	99.60	
SURG1	100.00	
SURG2	100.00	
SURG3	100.00	
SURG4	100.00	
SURG5	100.00	
SURG6	100.00	
SURGDTE1	100.00	
SURGDTE2	100.00	
SURGDTE3	100.00	
SURGDTE4	100.00	
SURGDTE5	100.00	
SURGDTE6	100.00	
PTMT_ADJ_DATE	99.93	
AMT_BH_MCO_PAID_ HDR	99.47	
AMT_OTH_INS_PD_HD R	99.15	
LINE_NUMBER	100.00	
DTE_FIRST_SVC_DTL	99.72	
DTE_LAST_SVC_DTL	0.00	**BH MCO response:** CCBH reviewed the discrepant records and indicated that since multi-line claims are submitted, programming logic did not find the most recent date to identify the last date of service. Line 10 was also incorrectly identified as line 1.

Institutional Inpatient Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
		Remote meeting discussion: During the remote meeting, CCBH advised that the DTE_LAST_SVC_DTL could be an EDV study pull issue for institutional inpatient. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO_ICN and LINE_NUMBER, while ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
AMT_BH_MCO_PAID_DTL	0.19	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the discrepancy could possibly be related to incorrect linking of single line encounters to correct claim and claim line. **Remote meeting discussion:** During the remote meeting, CCBH advised based on the records reviewed that the amount value was summed by ICN. One of the records had five lines in the original claim which was summed by ICN. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO_ICN and LINE_NUMBER, while ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
REVENUE_CODE	64.89	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the discrepancy was because they roll common revenue codes into a single line. Multiple service line claims have a blank in CCBH's data warehouse. In addition, CCBH maps raw codes into a submittable code. **Remote meeting discussion:** During the remote meeting, CCBH advised that the raw revenue codes are mapped into a submittable code, based on the BHSRCC grid. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO_ICN and LINE_NUMBER, where ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
BILLING_PROV_ID	100.00	
BILLING_PROV_NPI	0.27	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the National Provider Identifier (NPI) is not submitted in the encounter data. **Remote meeting discussion:** During the remote meeting, CCBH advised that only the 13-digit Master Provider Index (MPI) is submitted, which is a unique identifier assigned to providers in PROMISe. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO_ICN and LINE_NUMBER, where ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
RENDERING_PROV_ID	0.00	**BH MCO response:** EDV study file extraction issue, CCBH reviewed the discrepant records and indicated that the 9-digit MPI was incorrectly

Institutional Inpatient Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
		compared to the 13-digit MPI.
RENDERING_PROV_NPI	100.00	

Yellow shading indicates a percent match rate of less than 90%.

Grey shading indicates a BH MCO EDV study data extraction issue.

Light green shading indicates a difference in values attributed to the BHSRCC grid mapping.

CCBH: Community Care Behavioral Health of Pennsylvania; BH: behavioral health; MCO: managed care organization; EDV: encounter data validation; ICN: internal control number; PROMISe: Provider Reimbursement and Operations Management Information System; BHSRCC: Behavioral Health Services Reporting Classification Chart.

CCBH Institutional Outpatient Data Element Discrepancies and Findings

Table 8 details the CCBH **institutional outpatient** discrepant data elements results.

Table 8: CCBH Institutional Outpatient Encounter Type Discrepant Fields Match Frequencies and Findings

Institutional Outpatient Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
PLAN_CODE	100.00	
RECIP_ID	100.00	
PROMISe_ICN	100.00	
MCO_ICN	100.00	
NUM_ADJ_ICN	100.00	
DIAGCD1	100.00	
DIAGCD2	99.92	
DIAGCD3	99.69	
DIAGCD4	99.15	
DIAGCD5	98.76	
DIAGCD6	98.76	
DIAGCD7	98.76	
DIAGCD8	98.99	
DIAGCD9	98.99	
DIAGCD10	99.07	
DIAGCD11	99.07	
DIAGCD12	99.07	
PTMT_ADJ_DATE	100.00	
AMT_BH_MCO_PAID_HDR	45.08	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the claims are submitted multi-line and that these were not correctly summed to align with single line encounter submissions.
AMT_OTH_INS_PD_HDR	98.76	
BILLING_PROV_ID	100.00	
BILLING_PROV_NPI	0.77	**BH MCO response:** CCBH reviewed the discrepant records and indicated that they do not include National Provider Identifier in the encounter data submissions.

Institutional Outpatient Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
		Remote meeting discussion: National Provider Identifier received in data warehouse and is assigned based on PROMISe logic.
RENDERING_PROV_ID	100.00	
RENDERING_PROV_NPI	0.77	**BH MCO response:** CCBH reviewed the discrepant records and indicated that National Provider Identifier is not included in encounter submissions. **Remote meeting discussion:** During the remote meeting, CCBH advised that the 13-digit Master Provider Index from PROMISe is submitted to the data warehouse. National Provider Identifier received by data warehouse is based on PROMISe logic.
LINE_NUMBER	100.00	
DTE_FIRST_SVC_HDR	59.26	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the first date of service was not correctly identified due to the multi-line claims submissions. **Remote meeting discussion:** During the remote meeting, CCBH advised this was an EDV study pull issue because the institutional inpatient programming logic was used for institutional outpatient.
DTE_LAST_SVC_HDR	57.94	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the most recent date of service was not correctly identified due to the multi-line claims submissions. **Remote meeting discussion:** During the remote meeting, CCBH advised this was an EDV study pull issue because the institutional inpatient programming logic was used for institutional outpatient
DTE_FIRST_SVC_DTL	100.00	
DTE_LAST_SVC_DTL	0.00	**BH MCO response:** CCBH reviewed the discrepant records and indicated that the problem occurred on their end, since they copied the institutional inpatient logic which used discharge date and institutional outpatient didn't have any discharge dates. **Remote meeting discussion:** During the remote meeting, CCBH and IPRO discussed the value present in the claims screen and in the 837I extract submitted to PROMISe. **Follow-up item:** An updated match percentage was recorded after matching the EDV study file and the data warehouse data on MCO_ICN and LINE_NUMBER, where ICN was neither missing in the EDV study file nor in the corresponding data warehouse data. The discrepancy was due to an EDV study extraction issue since the CCBH EDV study did not include any values for DTE_LAST_SVC_DTL.
AMT_BH_MCO_PAID_DTL	100.00	
PROCEDURE_CODE	81.53	**BH MCO response:** CCBH reviewed the discrepant records and indicated that they were not sure on why procedure code would not have values since this data was submitted on the EDV study extract. **Follow-up item:** An updated match percentage was run and matching the EDV study file and the data warehouse data on MCO_ICN and

Institutional Outpatient Data Element	CCBH Percent Matching (%)	Reason for Discrepancy
		LINE_NUMBER, where ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
UNITS_BILLED	100.00	
MODIFIER1	45.45	**BH MCO response:** CCBH reviewed the discrepant records and indicated they map their codes to submittable values. **Remote meeting discussion:** During the remote meeting, CCBH that the modifier is mapped to a submittable value using the BHSRCC grid. **Follow-up item:** An updated match percentage was obtained after matching the EDV study file and the data warehouse data on MCO_ICN and LINE_NUMBER, where ICN was neither missing in the EDV study file nor in the corresponding data warehouse data.
MODIFIER2	94.37	
MODIFIER3	95.67	
MODIFIER4	100.00	

Yellow shading indicates a percent match rate of less than 90%.
Grey shading indicates a BH MCO EDV study data extraction issue.
Light green shading indicates a difference in values attributed to the BHSRCC grid mapping.
CCBH: Community Care Behavioral Health of Pennsylvania; BH: behavioral health; MCO: managed care organization; EDV: encounter data validation; ICN: internal control number; PROMISe: Provider Reimbursement and Operations Management Information System; BHSRCC: Behavioral Health Services Reporting Classification Chart.

Summary of Findings

Based on IPRO's review of the CCBH EDV study file values for the sampled records, identification and research of the discrepant values, review of the discrepant reason codes received from the BH MCO, and discussions with the BH MCO and OMHSAS during and following the teleconferences, there are no major encounter data issues. However, there are areas that require further research by encounter type by the BH MCO, OMHSAS and IPRO.

Based on PROMISe encounter data submission requirements, BH MCOs including CCBH submit institutional outpatient claims as professional. As a result, the diagnosis codes from 13 to 25 would not be included on the PROMISe extracts, which may impact OMHSAS's reporting based on PROMISe data elements. This is noted in the report, but not identified as a weakness or opportunity for improvement for the BH MCO, since CCBH is following OMHSAS companion guidelines for submission of encounters.

Challenges identified as a result of the EDV study and review of the discrepant data elements included:

Professional Claims:
- EDV study pull issue: the amount paid found on the service line was submitted to PROMISe, but the summarized amount paid was submitted for the EDV study.
- Since providers have multiple NPIs, if CCBH submits an incorrect NPI, the encounter will be denied by PROMISe; therefore, the BH MCOs are not submitting any values for Billing Provider NPI and Rendering Provider NPI.
- Procedure code and modifier codes may be changed by the BH MCO to align to OMHSAS's BHSRCC.

Institutional Inpatient Claims:
- Type of Bill may not match, since the BH MCO applies logic based on adjustments and interim bills which would impact the 3rd digit of the Type of Bill. Type of Bill code of 863 is mapped, since the 863 code is not submitted to PROMISe by CCBH. CCBH indicated that a Type of Bill of 863 would be denied.
- Revenue codes may be changed by the BH MCO to align to OMHSAS's Behavioral Health Services Reporting Classification Chart (BHSRCC).

Institutional Outpatient Claims:

- Since providers have multiple National Provider Identifiers (NPIs), if CCBH submits an incorrect NPI, the encounter will be denied by PROMISe; therefore, the BH MCOs are not submitting any values for Billing Provider NPI and Rendering Provider NPI.
- Modifier codes may be changed by the BH MCO to align to OMHSAS's BHSRCC.

The primary reason identified for the data element discrepancies is related to the utilization of OMHSAS's Behavioral Health Services Reporting Classification Chart (BHSRCC) and the cross walking of data element values for submission of encounters to PROMISe. CCBH reviews the encounter data submission process related to the BHSRCC requirements and data element mapping which is tied to encounter data reporting requirements.

CCBH encounter data staff and subcontractors have a good understanding of the encounter data extracts and the PROMISe requirements.