

EQR PROTOCOL 4 – Validation of Encounter Data Submitted by the MCO

Attachment A: Encounter Data Tables

Table 1: Acceptable Rates

Instructions:

Acceptable Error Rate: For each encounter type and each error type, document the State's tolerance for errors. The table expresses the acceptable error rate as a percent missing, surplus or erroneous, below which is acceptable. For example, for office visits, the State may allow less than 10 percent missing encounters, less than 2 percent surplus encounters and less than 5 percent encounters reflecting erroneous information. If the State expresses its error tolerance in a different way, the EQRO should adjust the table accordingly.

Area of Concern: Based on the Information Systems Capabilities Assessment (ISCA) and any other information available to the EQRO, for example, from work performed on Protocol 2, the EQRO should indicate whether there are particular encounter types and error types that are suspected for which it determines there is a reasonable potential. The EQRO will use this indicator to focus its later review activities.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0786. The time required to complete this information collection is estimated to average 1,591 hours per response for all activities, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850

Acceptable Error Rates Specifications and Identified Areas of Concern Form

Encounter Type	Error Type	Acceptable Error Rate	Area of Concern (Yes/No) Describe
Office Visit - (excludes dental and mental health / substance abuse visits)	Missing	< %	
	Surplus	< %	
	Erroneous	< %	
Office Visit - mental health / substance abuse	Missing	< %	
	Surplus	< %	
	Erroneous	< %	
Office Visit – dental	Missing	< %	
	Surplus	< %	
	Erroneous	< %	
Inpatient admission - (excludes mental health / substance abuse visits)	Missing	< %	
	Surplus	< %	
	Erroneous	< %	
Inpatient admission - mental health / substance abuse	Missing	< %	
	Surplus	< %	
	Erroneous	< %	
Other types of encounters as specified by the State (e.g., laboratory, pharmacy, physical therapy).	Missing	< %	
	Surplus	< %	
	Erroneous	< %	

Note: The EQRO should add additional rows as necessary to incorporate all types of encounters specified by the State.

Definitions:

- Missing - Encounters that occurred but are not represented by an electronic record.
- Surplus - Encounter records for which an encounter did not occur or which duplicated other records.
- Erroneous - Encounters that occurred and are represented by an electronic record that contains incorrect data elements.
- Acceptable Error Rate - The maximum percentage of missing, surplus, or erroneous records that the State accepts.

Table 2: Data Element Validity Requirements

Instructions:

For each data element required for the types of encounter data to be validated, the EQRO should document the State’s requirements for validity. The EQRO will analyze the encounter data set to determine the validity of specific data elements in the set.

Expectation: The EQRO should use this column to describe the characteristics of, or the test for, validity of each data element.

Validity Criteria: The EQRO should use this column to document the threshold for determining a data element is valid. Typically, this column will hold a quantitative expression of the description in the Expectation column.

Encounter Type		
Data Element	Expectation	Validity Criteria
Enrollee ID	This should be a valid ID as found in the State’s eligibility file. Use the State’s ID unless State also accepts SSN	100% valid
Date of Service	Dates should be evenly distributed across time	If looking at a full year of data, X% of the records should be distributed across each month
Unit of Service (Quantity)	The number should be routinely coded	X% non-zero < Y% should be 1 if CPT code in range 99200-99215, 99241-99291
Procedure Code	This is a critical data element and should always be coded	100% present (not zero, blank, 8- or 9-filled). 100% should be current, valid, State-approved codes, with X numbers of digits. The frequency and distribution of procedure codes should be consistent with those previously reported.
Revenue Code (Hospital)	If the facility uses a UB04 claim form, this should always be present	100% valid

Note: The EQRO should add additional rows as necessary to incorporate all data elements for which the State specifies specific validity requirements.

TABLE 3: Evaluation of Submitted Fields

Instructions:

In its review of individual encounter records, for each data element that requires validation, the EQRO should document its findings on a standard form similar to Table 3:

1. Is there information in the field, and is that information of the type requested? The EQRO must check each data field to determine whether the information is of the correct type and size in relation to the State’s data dictionary. For example, if CPT-4 codes are requested, the field should have 5 digits. If the State’s Medicaid/CHIP beneficiary ID is requested, the field should contain the correct number of letters and digits.

2. Are the values valid? When compared to an external standard, are the values in the field valid? For instance, if ICD-9 diagnosis codes have been requested, are the values in the diagnosis field current and valid ICD-9 diagnosis codes?

Sample Form for Recording Evaluation of Submitted Fields

Required Field	Information present		Correct type of information		Correct size of information		Presence of valid value?	
	#	%	#	%	#	%	#	%
Enrollee ID								
Plan ID								
Provider ID								
Principal Diagnosis								
Procedure Code								
Date of Service								
Units of Service								

Required Field	Information present	Correct type of information	Correct size of information	Presence of valid value?
Others (continue adding fields as appropriate). ..				

TABLE 4 – Benchmark Utilization Rates

Instructions:

Use this Table to compare findings to State-identified benchmarks. Revise the column headings to reflect the benchmarks identified by the State.

TABLE OF BENCHMARK UTILIZATION RATES (for services incurred between XX/20XX and YY/20YY)

Measure	MCO Rate	Value from FFS or PCCM	Value from Comparable State or States	Other Comparison Value
Inpatient Discharges				
Inpatient LOS Overall By high volume MSDRGs By eligibility category/patient cohort				
Ambulatory Surgeries Total # surgeries By high volume CPT codes or by ambulatory surgery categories Total # surgeries/1,000 enrollees By high volume CPT codes or by ambulatory surgery categories				
Number of Providers Primary care physicians Specialists Other (e.g., mental health providers)				
Number of Enrollees Total # By eligibility category By age/sex categories				
Number of Users (i.e., enrollees who used services) Total # By eligibility category By age/sex categories				

Measure	MCO Rate	Value from FFS or PCCM	Value from Comparable State or States	Other Comparison Value
Visits Total # #/enrollee #/user by visit categories (e.g., well child, well adult, ob/gyn, mental health, substance abuse, etc.)				
Other Services (e.g., prescription drug) Total # #/enrollee #/user by service category				

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