SFY 2024–25 Encounter Data Validation Study
Dental Plan Data Submission Requirements

Background

Accurate and complete encounter data are critical to the success of any managed care program. State Medicaid agencies rely on the quality of the encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information. The completeness and accuracy of these data are essential to the success of the state's overall management and oversight of its Medicaid managed care program and in demonstrating its responsibility and stewardship.

During State Fiscal Year (SFY) 2024–25, the Florida Agency for Health Care Administration (Agency) continues to contract with Health Services Advisory Group, Inc. (HSAG) to conduct an Encounter Data Validation (EDV) study. The goal of the SFY 2024–25 EDV study is to examine the extent to which the encounters submitted to the Agency by its contracted Dental plans are complete and accurate.[1] This document defines specific data submission requirements for the data from the plans' data systems. In general, one type of data file is being requested:

1. Encounter data, including encounters from the 837D transaction files

Submission Guidelines

- HSAG requests that all data files be submitted to HSAG's secure SAFE site at https://safe.hsag.com. Files should be submitted in the following path: ***Plan Name/Contract Year 2024-2025/EDV***. If you do not have login credentials to access HSAG's SAFE site, please email Celina Mincey (CMincey@hsag.com) with your name, email address, and plan affiliation to complete the registration to access the SAFE site and appropriate folder.
- Using the **exact** field names and types for the requested data elements is **required** to facilitate the import process of the submitted files. Please also include a file layout document to ensure the appropriate fields are submitted and extracted. If your plan identifies additional data fields that may be beneficial for the EDV study, please include these fields at the end of the file and note them in the file layout document.
- Please include "control total" files for each of the requested data files. Appendix B details the specifications.
- Since the size of the requested files is expected to be large, HSAG recommends the plans to split their data submission by quarter or semi-annual period and compress the files as zip files. If issues

[1] A list of contracted plans to be evaluated in this study is included in Appendix A.

persist during the upload, please reach out to Diana Valle at 602-329-7358 or via email at dvalle@hsag.com for alternate options.
- Please upload the requested data files by **October 18, 2024,** and notify Diana Valle at 602-329-7358 or via email at dvalle@hsag.com. Also, copy your **Agency Contract Manager**.

HSAG will conduct a preliminary file review to confirm accuracy of the data submitted by each plan for the study.[2] If data issues are identified from the initial submission that warrant resubmission, a second review of the resubmitted data will be performed. No more than two data submissions will be allowed without further discussion.

Questions

- Please contact Diana Valle at 602-329-7358 or via email at dvalle@hsag.com if you have questions or require any assistance with the file uploading process.
- Please direct other questions to Rachel Perry at 602-575-7200 or via email at rperry@hsag.com.

Encounter File

The encounter file should be comprised of all final paid and denied encounters associated with the plan specific Trading Partner ID (TPID) listed in Appendix A. The requested encounters should be encounters with dates of service from **January 1, 2023, through December 31, 2023**, and for all enrollees who are eligible to receive services that were submitted to the Agency on or before August 31, 2024. The encounter files should contain only encounters that have reached their final status and should not include the interim adjustment history.

HSAG will evaluate the extent to which values populated for the key data elements in the Agency's data warehouse match those in the plans' submitted files. The key data elements to be evaluated for the EDV study include, but are not limited to the following:

- Enrollee ID
- Dates of Service
- Provider Identifier (i.e., Billing Provider National Provider Identifier [NPI], Rendering Provider NPI, and Referring Provider NPI)
- Procedure Code (Current Dental Terminology [CDT] Codes)

[2] To ensure the project is completed on time, HSAG will be limited in the number of times it can process and review a plan's submitted data. Each plan will be allowed to submit its data two times. Each time, HSAG will conduct a cursory review to (1) ensure it conforms to the data file specifications and requirements and (2) meets a minimum level of quality (e.g., reasonably populated fields). Following initial feedback from HSAG, each plan will be allowed to resubmit its data one time. If issues continue to exist in the resubmitted data, information will either be excluded from the study or used "as is" based on a final decision by the Agency.

- Units
- Tooth Number
- Mouth Quadrant
- Tooth Surfaces
- Detail Paid Amount

File Extract Specifications

Table 1 identifies the specific field qualifications required for extracting the dental encounter file.

Table 1—Encounter File Specifications

Requirement	Specification
Claim Type	Encounters for enrollees who are eligible for services that are associated with the plan specific TPIDs listed in Appendix A from the Dental (837D) transactions. As noted by the Agency, these encounters can be identified by using the following ClaimType[1] codes: **Dental encounters**: "D"
Plan	All plans listed in Appendix A
Dates of Service	January 1, 2023 ≤ Line First Date of Service ≤ December 31, 2023 **OR** January 1, 2023 ≤ Line Last Date of Service ≤ December 31, 2023
Data Submission Date	Please include all encounters submitted to AHCA on or before August 31, 2024
Adjudication	Only the final fully adjudicated encounters submitted to AHCA on or before July 31, 2024
Paid Status	Include paid, denied, and voided encounters submitted to AHCA
File Format	ASCII text file in a pipe (|) delimited format

[1] ClaimType codes represent the encounter type. (D: dental).

Minimum Required Data Elements

Table 2 identifies the minimum data elements being requested in the dental encounter file. To facilitate the import process of the submitted files, using the exact field names and types for these data elements **is required**. While the list below outlines the minimum data elements that will be used in the EDV study, there is no limitation on the number of data elements that can be extracted. Additional data elements may be provided at the end of the list of required data elements if they facilitate the extraction process or are beneficial for the EDV study.

Encounters from the 837D

Table 2 presents the minimum data elements being requested for the encounters from the 837D transactions. As noted by the Agency, please include encounters with a ClaimType (i.e., encounter type) of "D" (dental).

Table 2— Required Data Elements for the Encounters from the 837D Transactions

Field No.	Field Names	Description	Type	Note
1	PlanID [A]	Plan identifier for each plan	Character	
2	PlanAbbrev	Plan abbreviation with values listed in Appendix A	Character	
3	TPID	Trading partner ID for each plan	Character	
4	PrcsDt	Date when a record was processed by FMMIS	Date	Format: MM/DD/YYYY
Enrollee Information				
5	RecipID	Unique identification number assigned to an enrollee	Character	
6	PatAccNo	Patient account number	Character	
Encounter Information				
7	TCN	Transaction control number – unique identification number assigned to each encounter by the plan	Character	
8	ClaimLineNo	Claim line number of the detail line item	Numeric	
9	ICN	Florida Medicaid unique control number assigned to the invoice to allow tracking through the system	Character	
10	AdjICN	Adjusted ICN	Character	
11	LastClaimInd	Last claim indicator	Character	
12	AdjDate	Adjudication date	Date	Format: MM/DD/YYYY
13	ClaimType	Type of encounter. For example, "D" for dental	Character	
14	ClaimFreqTypeCode	Claim frequency type code: 1 – Original Claim 7 – Adjustment (Replacement of Paid Claim) 8 – Void	Numeric	
Dates of Service				

Field No.	Field Names	Description	Type	Note
15	HFDOS	The first date on which service was provided at the header level	Date	Format: MM/DD/YYYY
16	HLDOS	The last date on which service was provided at the header level	Date	Format: MM/DD/YYYY
17	LFDOS	The first date on which service was provided at the detail line item	Date	Format: MM/DD/YYYY
18	LLDOS	The last date on which service was provided at the detail line item	Date	Format: MM/DD/YYYY
Provider Information				
19	BillProvID	Medicaid identification number of the billing provider	Character	
20	BillProvNPI	NPI of the billing provider	Character	
21	RendProvID	Medicaid identification number of the rendering provider	Character	
22	RendProvNPI	NPI of the rendering provider	Character	
23	ReferProvID	Medicaid identification number of the referring provider	Character	
24	ReferProvNPI	NPI of the referring provider	Character	
Place of Service and Procedure Code				
25	POS	Place of service code – The location at which service was rendered such as office, home, emergency room, etc.	Character	
26	ProcCode	Procedure code (CDT)	Character	
27	Units	Units of service	Numeric	Format: Number (9,2)
28	ToothNumber	Tooth number	Character	
29	ToothQuad	A code to indicate the area of the mouth on which the service was performed	Character	
30	ToothSurface1	Tooth surface code	Character	
31	ToothSurface2	Tooth surface code	Character	
32	ToothSurface3	Tooth surface code	Character	
33	ToothSurface4	Tooth surface code	Character	
34	ToothSurface5	Tooth surface code	Character	
35	ToothSurface6	Tooth surface code	Character	
Payment Information				

Field No.	Field Names	Description	Type	Note
36	PaidDate	Date of final disposition of the encounter	Date	Format: MM/DD/YYYY
37	ContractType	The contract between the plan and the provider paid by the plan: 05 – Capitation 09 – FFS	Character	
38	AmountPaid_D	This is the plan paid amount at the detail level	Numeric	Format: Number (11,2)
39	UserMem01 – UserMem99	User defined. The Agency may use up to 99 fields for any additional fields	User Defined	

[A] Lookup file containing "value" definitions should be included for these fields

Appendix A: List of Plans

Table A-1 specifies a list of plans included in the study.

Table A-1— List of Dental Plans Included in the EDV Study

Plan Name	Plan Abbreviation	Shortened Name	Trading Partner Identifier (TPID)	Plan Base Medicaid ID
Dental Plans				
DentaQuest of Florida	DQT-D	DentaQuest-D	301847	1001456
Liberty Dental Plan of Florida	LIB-D	Liberty-D	301849	1001468
Managed Care of North America (MCNA)	MCA-D	MCNA-D	301845	1001453

Appendix B: Control Total Specifications

Table B-1 lists the control total specifications for the requested dental data. The inclusion of control totals will allow HSAG to determine if the correct number of records are received. Please use the template inserted below to submit the control totals, ensuring each sheet is filled out for the requested data types.

FL_SFY2024-2025_EDV_ControlTotal_De

Table B-1—Control Total Specifications

Data	Specifications
Encounters from 837D Transactions	• Total number of records • Total number of unique *PlanID* • Total number of unique *ICN* • Total number of unique *TCN* • Total number of unique enrollees by *RecipID* • Total number of unique billing provider NPI by *BillProvNPI* • Total number of unique rendering provider NPI by *RendProvNPI* • Total sum of *Units* • Sum of *AmountPaid_D*

Appendix C: Tips for Data Extraction

To avoid multiple resubmissions, the list below provides tips for proper data extraction based on historical studies:

- Include encounters that have reached their final status. One useful way of evaluating whether the adjustment history has been excluded is to check whether there are any duplicates based on *ICN* and *ClaimLineNo*. There should **not** be any duplicates based on *ICN* and *ClaimLineNo*.
- Verify the total number of records in the extracted files are reasonable or aligned with other reports generated by your plan.
- Ensure all requested data fields have been included and populated with appropriate information. Below are a few examples:
  - No values should be missing in the dates of service fields.
  - Replace the system default missing value with a blank. For example, if "00000" in the plan's system means missing values for the *ProcCode* field, please replace it with a blank.
  - Verify whether the sum of the paid amount at the detail level match the paid amount at the header level.
  - Verify fields (e.g., CDT fields) are populated with the expected values.
- Verify that the control totals submitted to HSAG match the extracted data.