

SFY 2020-21 Encounter Data Validation Study Dental Plan Data Submission Requirements

Background

During State Fiscal Year (SFY) 2020-21, the Agency for Health Care Administration (AHCA) contracted with Health Services Advisory Group, Inc. (HSAG) to conduct an Encounter Data Validation (EDV) study. The goal of the SFY 2020-21 EDV study is to examine the extent to which encounters submitted to AHCA by its contracted Capitated Non-Emergency Transportation (CNET) plans and Dental plans (collectively referred to as plans) are complete and accurate.¹

This document defines specific data submission requirements for the data from the dental plans' data systems.

Submission Guidelines

- HSAG requests that all data files be uploaded to HSAG's secure FTP site at <https://fm.hshapps.com>. Files should be submitted in the following path: \EDV\2020-2021\Data Files
- In order to facilitate the import process of the submitted files, using the exact field names and types for the requested data elements is required. 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 for these documents.
- HSAG's FTP site can accept files up to 2GB in size. If any of your data files are larger than the 2GB limit, please split your data submission by quarter or semi-annual period or reach out to Eliza Buyong at 602-801-6862 or via email at ebuyong@hsag.com for alternate options.
- Please upload the requested data files by **December 22, 2020** and notify Eliza Buyong at 602-801-6862 or via email at ebuyong@hsag.com.

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

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

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 AHCA.

review of the resubmitted data will be performed. No more than two data submissions will be allowed without further discussion.

Questions

- Please contact Danielle Arsenault at 602-801-6705 or via email at darsenault@hsag.com if you have questions or require assistance with access to HSAG’s FTP site or the file uploading process.
- Please direct other questions to Eliza Buyong at 602-801-6862 or via email at ebuyong@hsag.com.

Dental Encounter File

The dental encounter files should be comprised of all dental encounters with dates of service from January 1, 2019 to December 31, 2019, for all enrollees enrolled in your plan listed in Appendix A. The encounter file 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 AHCA’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 NPI/Medicaid ID, Rendering Provider NPI/Medicaid ID, and Referring Provider NPI/Medicaid ID)
- Procedure Code (CDT Codes)
- Units
- Tooth Number
- Tooth 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	Dental
Plan	All plans listed in Appendix A

Requirement	Specification
Dates of Service	January 1, 2019 <= Line First Date of Service <= December 31, 2019 OR January 1, 2019 <= Line Last Date of Service <= December 31, 2019
Data Submission Date	Please include all encounters submitted to AHCA on or before July 31, 2020.
Adjudication	Only the final fully adjudicated encounters submitted to AHCA on or before July 31, 2020.
Paid Status	Include paid, denied, and voided encounters submitted to AHCA
File Format	ASCII text file in a pipe () delimited format

Minimum Required Data Elements

Table 2 identifies the minimum data elements being requested in the dental encounter file. In order 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.

Dental

Table 2 presents the minimum data elements being requested for the dental encounters.

Table 2—Required Data Elements for Dental File

Field No.	Field Names	Description	Type	Note
1	<i>PlanID^A</i>	Plan identifier for each plan	Character	
2	<i>PlanAbbrev</i>	Plan abbreviation with values listed in Appendix A	Character	
3	<i>TPID</i>	Trading partner ID for each plan	Character	
4	<i>SbmDt</i>	Date when a record was submitted to AHCA	Date	Format: MM/DD/YYYY
Enrollee Information				
5	<i>RecipID</i>	Unique identification number assigned to an enrollee	Character	
6	<i>PatAccNo</i>	Patient account	Character	

Field No.	Field Names	Description	Type	Note
		number		
Encounter Information				
7	<i>TCN</i>	Transaction control number - Unique identification number assigned to each encounter by the plan	Character	
8	<i>ClaimLineNo</i>	Claim line number of the detail line item	Numeric	
9	<i>ICN</i>	Florida Medicaid unique control number assigned to the invoice to allow tracking through the system	Character	
10	<i>AdjICN</i>	Adjusted ICN	Character	
11	<i>LastClaimInd</i>	Last claim indicator	Character	
12	<i>AdjDate</i>	Adjudication date	Date	Format: MM/DD/YYYY
13	<i>ClaimType</i>	Type of encounters for example “D” for dental.	Character	
14	<i>ClaimFreqTypeCode</i>	Claim frequency type code: 1 – Original Claim 7 – Adjustment (Replacement of Paid Claim) 8 – Void	Numeric	
Dates of Service				
15	<i>LFDOS</i>	The first date on which service was provided at the detail line item	Date	Format: MM/DD/YYYY
16	<i>LLDOS</i>	The last date on which service was provided at the detail line item	Date	Format: MM/DD/YYYY

Field No.	Field Names	Description	Type	Note
Provider Information				
17	<i>BillProvID</i>	Medicaid identification number of the billing provider	Character	
18	<i>BillProvNPI</i>	National Provider Identifier (NPI) of the billing provider	Character	
19	<i>RendProvID</i>	Medicaid identification number of the provider rendering the service	Character	
20	<i>RendProvNPI</i>	NPI of the rendering provider	Character	
21	<i>ReferProvID</i>	Medicaid identification number of the referring provider	Character	
22	<i>ReferProvNPI</i>	NPI of the referring provider	Character	
Place of Service and Procedure Code				
23	<i>POS</i>	Place of service code – The location at which service was rendered such as office, home, emergency room, etc.	Character	
24	<i>ProcCode</i>	Procedure code (CPT-4 or HCPCS)	Character	
25	<i>Units</i>	Units of service	Numeric	
26	<i>ToothNumber</i>	Tooth number	Character	
27	<i>ToothQuad</i>	A code to indicate the area of the mouth on which the service was performed.	Character	
28	<i>ToothSurface1</i>	Tooth surface code	Character	
29	<i>ToothSurface2</i>	Tooth surface code	Character	
30	<i>ToothSurface3</i>	Tooth surface code	Character	

Field No.	Field Names	Description	Type	Note
31	<i>ToothSurface4</i>	Tooth surface code	Character	
32	<i>ToothSurface5</i>	Tooth surface code	Character	
33	<i>ToothSurface6</i>	Tooth surface code	Character	
Payment Information				
34	<i>PaidDate</i>	Date of final disposition of the encounter	Date	Format: MM/DD/YYYY
35	<i>ContractType</i>	The contract between the plan and the provider paid by the plan: 05 = Capitation 09 = FFS	Character	
36	<i>AmountPaid_D</i>	This is the plan paid amount at the detail level	Numeric	
37	<i>Usermem01 – UserMem99</i>	User defined. Plan may use up to 99 fields for any additional fields	User Defined	
^ 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 Participating Dental Plans

Plan Name	Plan Abbreviation	Shortened Name
Dental Plan		
DentaQuest of Florida	DQT	DentaQuest
Liberty Dental Plan of Florida	LIB	Liberty
Managed Care of North America (MCNA)	MCA	MCNA Dental

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. The control totals document should be submitted as a separate Microsoft Excel or Word document.

Table B.1—Control Total Specifications

Data	Specifications
Dental Encounters	<ul style="list-style-type: none"> Total number of records Total number of unique <i>PlanID</i> Total number of unique <i>TCN</i> Total number of unique <i>ICN</i> Total number of unique enrollees by <i>RecipID</i> Total number of unique billing provider NPI by <i>BillingProvNPI</i> Total number of unique rendering provider NPI by <i>RendProvNPI</i> Sum of “<i>AmountPaid_D</i>”