NEW YORK STATE
MEDICAID PROGRAM

MANAGED CARE REFERENCE GUIDE:
ENCOUNTER DATA SUBMISSIONS (MEDS II)

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Section I – Purpose Statement

The purpose of this document is to assist participating managed care organizations in understanding and complying with the New York State Medicaid (NYS-Medicaid) requirements and expectations for encounter reporting requirements.

The guide addresses the following subject:

- Encounter Data Submissions

This document is customized for managed care providers as an instructional as well as a reference tool.

Section IV – Medicaid Encounter Data Submissions (MEDS II)

The information in this section should be used in conjunction with the MEDS II Data Element Dictionary available from the Department of Health on this website.

MEDS was originally designed specifically to respond to the unique situation of Medicaid Managed Care Plans in the capitation environment. Plans submit information describing their Medicaid encounters as part of the review, monitoring, and reporting functions required for the New York State Medicaid program. MEDS II compiles all Medicaid encounter data reported by Plans in New York State.

Encounter data is essential to the government on both the state and federal levels. The State needs to report encounter data to the federal government in order to receive appropriate funding for New York's Medicaid program. New York utilizes MEDS reports as a way of looking at statistics and issues within the Medicaid program, such as quality of care.

SDOH uses the data to:

- Describe demographic and health status characteristics of the enrolled population

- Report and monitor service utilization

- Evaluate access and continuity of service issues

- Monitor and develop quality and performance indicators

- Set rates

- Perform cost effectiveness analysis

- Evaluate various service models and environments

MEDS data benefit Plans by providing comparative information that enables Plans to conduct a number of assessment and improvement activities. For a comprehensive look at MEDS including an overview, data submission requirements, format, and descriptions, please refer to the MEDS Data Dictionary created by the SDOH.

The MEDS Data Dictionary is on the State Department of Health Office of Managed Care web site on the Health Provider Network (HPN). Contact the SDOH Office of Managed Care at (518) 486-9012.

Transmittal Specifications for MEDS II:
Plans are contracted with New York State to submit MEDS II encounter information to eMedNY on a monthly basis. The means in which this is accomplished is through either the eMedNY eXchange or FTP options for processing.

eMedNY eXchange
eMedNY eXchange is a web based secure file delivery system. In order to access this option Plans need to contact eMedNY Provider Services (800)-343-9000 select option 4. Once your account is established you will be able to access your mailbox through the eMedNY.org website. eMedNY eXchange is used for **production submissions (not testing)** and accepts files no larger than 10 megabytes. Once enrolled in eXchange, the user (administrator) can establish other users for your account, if necessary.
The alternative options for Managed Care Plans submitting files larger than 10 MB are to:

✓ Send them as multiple, smaller files through the eMedNY eXchange,
  or
✓ Send files using file transfer protocol (FTP).

FTP
The File Transfer Protocol (FTP) option allows the plans to dial directly into eMedNY and transfer encounter files without any file size restrictions. In order to access this option Plans need to complete Security Packet B, available at www.emedny.org.

✓ Click on **Provider Enrollment forms** under the "Featured Links" section

✓ **Submit** the packet to eMedNY for processing

Please call (800) 343-9000 (select option 5) if you have questions about completion of the packet. Only one user can be established for an FTP account and only one account can be established per Plan ID.

Once your eXchange or FTP User ID has been established, Plans need to contact CSC's MEDS representative (518) 257- 4639 to inform eMedNY of the following information the Plan will use to submit and retrieve MEDS information: ETIN, Plan ID, and User ID for the Plans eXchange or FTP account.

Testing
The platforms used for testing are different from the production platforms. Plans should not submit production data unless authorized by the Office of Managed Care. Plans should use either emexckout or test FTP account to submit any test data to eMedNY. The website for emeckout is http://emexckout.emedny.org. The FTP dialup phone number is 1-866-488-3001 (connect to ip address: 172.27.16.30). Please note that testing is limited to 25,000 encounters per file.

MEDS tests will be processed daily by eMedNY and responses will be available the following morning. In most circumstances your test submission needs to be accepted for processing two hours before midnight. To make sure your response is available the following morning, please submit your data and verify acceptance prior to 5PM.

Tier 1 Edits
After submitting a file of encounter data to eMedNY, via the eXchange or FTP options, for processing, Plans will receive notification that the file was received and processed. When an encounter file does not pass through the front end processing it is due to failing a 'Tier 1' edit. When this occurs the entire file is rejected for one of the following 'Tier 1' edits.

Tier 1 Edit		Explanation
'Incomplete "", Header Record'	=	Record is not 1200 bytes; will give the size and record that is not 1200 bytes
Required "" record missing'	=	Require records missing; will include the record type missing (H1, D1, or T1)
'Record "" is of unknown type or invalid sequence'	=	Require records not in sequence; will include the record type in error (H1, D1, or T1)
'Specified mode "" does not match' 'Test/Prod Indicator'	=	Test/Prod indicator is incorrect; must be PROD
'Misaligned ASCII "", "CR" in record "" column""" OR 'Unexpected ASCII "", "CR" in record "" column"""	=	Carriage return (CR) is to short, long or misaligned
'Unexpected ASCII "", "NL" in record "" column"""	=	Newline/linefeed (NL) in record
'Non-ASCII character'	=	Non-printable characters in file
'Premature end-of-file'	=	End of file not in the correct place
'Unexpected H1 record received' 'at record #:'	=	H1 record is found when unexpected
'Expected H1 control record not received' ' at record #:'	=	H1 record is not found when expected (after user record)
'Invalid D1 record received' 'at record #:'	=	D1 record is found, and it is expected, and the encounter type is other than I, D, T, or P
'Unexpected D1 record received' 'at record #: '	=	D1 record is found when unexpected
'Expected D1 control record not received' 'at record #: '	=	D1 record is not found when expected
'Unexpected T1 record received' 'at record #: '	=	T1 record is found when unexpected
'Received record not H1/D1/T1' 'at record #: '	=	Record is other than H1, D1, or T1

If the encounter transmission is not failed for any of the above listed 'Tier 1' edits the plans will receive a message that the file was passed on for further processing. What this means is that your encounter file will now be processed in the eMedNY Claims System and a MEDS II Response File will be generated and sent back to the Plan.

MEDS II Response File Specifications
Any files that successfully make it through the front-end editing (or pre-processing) procedures will have a MEDS II response file (C-F-070 Encounter Results) generated. These reports provide valuable feedback to the Plan on the quality of the encounter data they submit. The plan will receive information on whether the record was accepted or rejected as well as up to 25 edits. The Plan should use this information to appropriately identify the encounter status within their own data system. The MEDS II response file reports will either be passed back to your eMedNY eXchange mailbox or FTP account (no longer BBS).

Please note: All encounters processed within the same day will produce one response file regardless of the number of files submitted during that 24 hour period. Once response record will be returned for each encounter processed, approved or rejected. Encounters failing multiple edits will have one record returned per edit.

Encounter Result Record Layout (Header and Line level)

Data Element	Size and Format
ENCOUNTER CONTROL NUMBER	11 bytes alpha-numeric
CLAIM LINE NUMBER	4 bytes numeric
EDIT STATUS CODE	1 bytes alpha-numeric
CLAIM EDIT CODE	5 bytes numeric
COS COD	4 bytes alpha-numeric
TCN	16 bytes alpha-numeric
PLAN ID	8 bytes numeric
ETIN (formerly known as TSN)	3 bytes alpha-numeric
FILLER	28 numeric character record

ENCOUNTER CONTROL NUMBER is a Managed Care Organization (MCO) assigned number used to uniquely identify an encounter transaction. This is the number a Plan would use to match the response record to the previously sent encounter record.

CLAIM LINE NUMBER Encounter Line Number specifies the line number of the service on the encounter.

EDIT STATUS CODE specifies the disposition of an edit that has been posted to an encounter. The values below are assigned during the adjudication process.

Valid Values:

Edit Status Code	Edit Severity
2	**H=Hard Edit (Rejected)**
3	S=Soft Edit (Accepted)
4	R=Recycle
P	Encounter passed with no edits.

CLAIM EDIT CODE is a unique code attached to an encounter as the result of logic applied during the adjudication cycle. (See MEDS II Data Element Dictionary).

COS [CATEGORY OF SERVICE CODE] categorizes provider services for processing and reporting. The first two (2) digits will always be 'EN'. The second two digits will be defined by the following valid value list.

Valid Values:

01	Physicians
03	Podiatry
04	Psychology
05	Eye Care
06	Rehab Therapy
07	Nursing
11	Inpatient
12	Institutional Long Term Care
13	Dental
14	Pharmacy
15	Home Health
16	Lab
19	Transportation
22	DME
28	ICF
41	Nurse Practitioner
73	Hospice
75	Clinical Social Worker
85	Freestanding Clinic
87	Hospital Outpatient

TCN [Transaction Control Number] is a unique identifier assigned by eMedNY to each encounter transaction received. This number must be stored by Plans for accepted encounters (Edit Status Codes 3 and P) as this is the number required to be submitted when adjustments or voids to previously submitted encounters are required.

PLAN ID is the provider ID assigned to the Plan by NYS DOH.

ETIN [Electronic Transmission Identification Number] is a three or four-character submitter identifier, issued by eMedNY, upon application and must be used in every electronic transaction submitted to NYS Medicaid.