

Wisconsin Healthcare Account Quality Management System

Level 3 – Required Fields

MEDS – DDES Encounter

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| 1) Service Delivery Type | Service delivery type refers to the service deliver mechanism. Supported values for the service delivery type are:
PC Program Contract providers, and
NC Non-Program Contract providers. |
| 2) Submitter Organization ID | This refers to the Medicaid MCO Provider ID assigned by MMIS. |
| 3) Data Source | This identifies the source of the data. |
| 4) Record ID | The unique Record ID assigned by the MCO. This identifier must have a sequencing property. This identifier must provide the ability to identify whether a given record precedes or follows another record. |
| 5) Record Type | The type of encounter transaction. (Required)
Original O An unadjusted encounter transaction.
Credit/Debit C Adjusting entries usually, but not always, come in pairs. The credit reverses the transaction being adjusted and the debit replaces the transaction being adjusted. |
| 6) Claim Status | The status of the claim P or D (Paid or Denied). |
| 7) Posting Date | The date the record was finalized in the MCO business system (paid or denied with EOB). CCYY-MM-DD format |
| 8) Parent Record ID | This ID directly references the transaction being adjusted. In a credit/debit adjustment, both the credit and debit transactions will reference the same transaction. This number is assigned by the MCO. |
| 9) Original ID | This is the record ID of the original encounter or the first ancestor record, as assigned by the MCO. This is only used on adjustments. (Optional) |
| 10) Adjustment Type | This refers to the type of adjustment. This is only applicable to transactions that are adjusting a previous transaction. This field is assigned by the MCO for credit/debit transactions. (Required for Credit/Debit Adjustments only)
Reversal R This transaction is the credit to reverse the adjusted transaction.
New N This transaction is the debit to replace the adjusted transaction. |
| 11) Adjustment Type Detail | This specifies the type of adjustment. This is assigned by the MCO. (Optional)
Full Cash FC An adjustment that fully reverses the more recent existing transaction resulting in monies being paid back to the MCO from the Provider.
Partial Cash PC An adjustment that partially reverses the more recent existing transaction resulting in some monies being paid back to the MCO from the Provider.
Non-Cash NC An adjustment that has no financial affect but changes demographic or other related information. |
| 12) Support Indicator | Self-directed S This identifies services that are self-directed by the MCO member. |

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Author: Charles Rumberger

Approver:

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13) Member Share	MCO-Directed	C	This identifies services that are directed by the MCO.
	Non-Services	N	This identifies a non-service item.
	Cost Share	C	A transaction that represents cost share paid by the member.
	Room & Board	R	A transaction that represents room & board charges for the member.
	Voluntary Contribution	V	A transaction that represents any voluntary contributions by the member or on behalf of the member.
	Spenddown	S	A transaction that represents the spenddown amount applied.
None	N	A transaction that represents a standard claim, where there is no member component.	

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