

Encounter Data Quality Improvement Efforts: DHCS Documentation Center and Common Encounter Errors

August 27, 2025

Data Reporting and Monitoring Webinar Series

Introduction

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Research Data Specialist II/Webinar Moderator
Managed Care Data Support Section

Agenda

- » Encounter Data Specification Guidance, X12 Guides, DHCS Documentation Center
- » Encounter Data Quality: Error (Denial) Trends
- » Duplicate Encounters, IsUniqueClaimControlNumber
 - Use of Contract Type Code 09 (Warning) – should not be used for capitated Plans

DHCS Staff

» Speakers

- Jeff Jennings
- Christine Fesler
- Stephen LeFebre

» Support

- Felicia Oropeza
- Abiy Gebereselassie
- Mei Shan Ng
- Xiaoyan Ma
- Alvin Bautista

Questions & Answers

- » For **GENERAL** questions, please submit your question to the WebEx chat and please ensure that your questions are visible to all participants, because the host is not monitoring private chat to the host.
- » For **SPECIFIC** questions, please reach out to the appropriate Data Mailbox as will be instructed closer to the end of this presentation.

Before we move on

- » Today's webinar is being recorded for documentation purposes.
- » Link to Part One of the EDIP Series – November 2024 Webinar: [Encounter Data Quality Improvement Efforts: Part One](#)
- » Link to Part Two of the EDIP Series – February 2025 Webinar: [Encounter Data Quality Improvement Efforts: Part Two](#)
- » Link to Part Three of the EDIP Series – June 2025 Webinar: [Encounter Data Quality Improvement Efforts: Part Three](#)
- » The recorded video, script, and presentation materials will be uploaded to [Data Reporting and Monitoring Webinar Series](#)
- » The glossary and FAQs are also updated regularly every month.

Encounter Data Specification Guidance, X12 Guides, DHCS Documentation Center

Jeff Jennings

Chief, Data Exchange Design Section
Health Information Management Division

Encounter Data Specification Guidance: Documentation

- » DHCS follows the HIPAA Administrative Simplification rules regarding Managed Care related encounter data and encounter data submissions.
- » HIPAA Law requires the use of the designated data standards, which are maintained by the X12 Standards Development Organization.
- » NCPDP publishes Pharmacy related data standards. Not used extensively by DHCS/PACES at this time
- » Primary encounter data reporting guidance is contained in the X12 837 Professional, 837 Institutional, and 837 Dental Implementation Guides.
- » Additional **Medi-Cal** specific guidance published in the *PACES 837 P, I, and D Companion Guides*

Encounter Data Implementation Guides & Companion Guides

Implementation Guides (IGs) & Companion Guides (CGs):

- » Used in combination to create the complete transaction values required by the Payer (DHCS)
- » Implementation Guides are the **complete** guide to transaction – rules for each data element – values accepted, attributes & usage
- » Companion Guides outline those data elements in the transaction that are **customized** by the Payer (DHCS)
- » DHCS trading partners (MCPs, BHPs) must use the guides in tandem to create an accepted encounter data submission

Obtaining X12 837 Implementation Guides

- » Implementation Guides are the proprietary and complete guide to each X12 transaction. Current mandated version is 005010
- » X12 publishes Implementation Guides for HIPAA mandated transactions, including the 837 Claims/Encounters transactions
- » Due to intellectual property protections, DHCS is unable to share the X12 Implementation Guides with trading partners
- » Implementation Guides are available from X12 through a licensing arrangement. (<https://x12.org/products>).
- » Implementation Guides are accessed through an online viewing solution. X12 will supply further details upon purchase of a subscription/license.

Medi-Cal Managed Care Specific ED Guides

DHCS Companion Guides used in conjunction with the ASC X12 Implementation Guides for California-specific encounter data reporting requirements

Note: DHCS Documentation Center Access requests: dataexchange@dhcs.ca.gov

DHCS Companion Guide	ASC X12 Implementation Guide	ASC X12 Unique ID
837 Institutional (837I) v3.9	ASC X12 Implementation Guide: Health Care Claim: Institutional (837)	005010X223A1
837 Professional (837P) v3.7	ASC X12 Implementation Guide: Health Care Claim: Professional (837)	005010X222A1
837 Dental (v2.3)	ASC X12 Implementation Guide: Health Care Claim: Dental (837)	005010X224A1
*NCPDP 2.2 (Release 2.6)	NCPDP Post-Adjudication Payer Sheet for Implementation Guide v2.2	Pharmacy
*NCPDP 4.2 (Release 2.2)	NCPDP Post-Adjudication Payer Sheet for Implementation Guide v4.2	Pharmacy

* Managed Care Plans may or may not submit pharmacy encounters depending on status.

What is the DHCS Documentation Center?

- » DHCS Documentation Center: [DHCS Documentation Center Overview.pdf](#)
- » DHCS Documentation Center Subjects Covered:
 - **MCPD, PCPA, MSRP**
 - **CAPMAN** (820, 834) member data
 - **Short-Doyle** Medi-Cal (SDMC)
 - **ECM-CS JSON** guides/schemas
 - **PACES guides** (274 Provider, 837 Encounters)
 - 837 guides/schemas
 - PACES test CINs
 - 274 guides/schemas
- » DHCS Documentation Center Access requests: dataexchange@dhcs.ca.gov

Encounter Data Companion Guides

- » DHCS Documentation Center: [DHCS Medical and Dental Managed Care Companion Guides](#)
- » **Medical & Dental Managed Care PACES** Companion Guides
 - **MMC-NCPDP 2.4 and 4.2:** PACES-Post-Adjudicated Payer Sheet
 - **MMC PACES Coordination of Benefits**
 - **MMC-837-Dental (837D):** PACES
 - **MMC-837 Professional (837P)**
 - **MMC-837 Institutional (837I)**

Resources Specific to Encounter Data Schemas

- » DHCS Documentation Center: [Encounter Data Response Files Guides and Examples](#)
- » **837 Guides/Schemas**
 - **Validation Response File** Resources
 - **837I_MCE.xml** Example
 - **NCPDP 2.2 & 4.2:** P22_MCE.xml Example
 - MMC Encounter Data **PACES VRF**.pdf Guide
 - DHCS PACES **VRF Schema.xsd**
- » DHCS Documentation Center Access requests: dataexchange@dhcs.ca.gov

Resources Specific to Encounter Data Coding

- » DHCS Documentation Center: [Encounter Data Coding Guides](#)
- » **837 Guides/Schemas**
 - **Coding Guides**
 - **ECM-CS**: Modifiers + HCPCS Codes
 - **PADS / HCPCS NDC**: Coding Guidance
 - **Mother-Newborn**: Modifiers / Mother's CIN
 - **LTC Value Code Reporting**: Values and Amounts

Accessing DHCS Encounter Data Documentation & Related Guidance

- » In addition to Encounter data related guidance, technical guidance, and artifacts related to data submissions are posted to the DHCS Documentation Center
- » All DHCS Companion Guides used in Managed Care are posted to the DHCS Documentation Center.
- » Plans are notified when updated CGs or Technical Guides are published
- » If an external user is unable to download files from the DHCS Documentation Center, please contact the mailbox above. The guides will be supplied through alternative channels.
- » Please note – certain artifacts and files are subject to strict email firewall security and are not available for emailing. This includes schema files and Excel files.
- » Please contact DataExchange@dhcs.ca.gov to request access and support for DHCS Documentation Center

Encounter Data Quality: Error (Denial) Trends

Christine Fesler

Chief, Data Quality Reporting Unit

Encounter Data

What is a claim versus a post-adjudicated claim?

Do you know the definition?

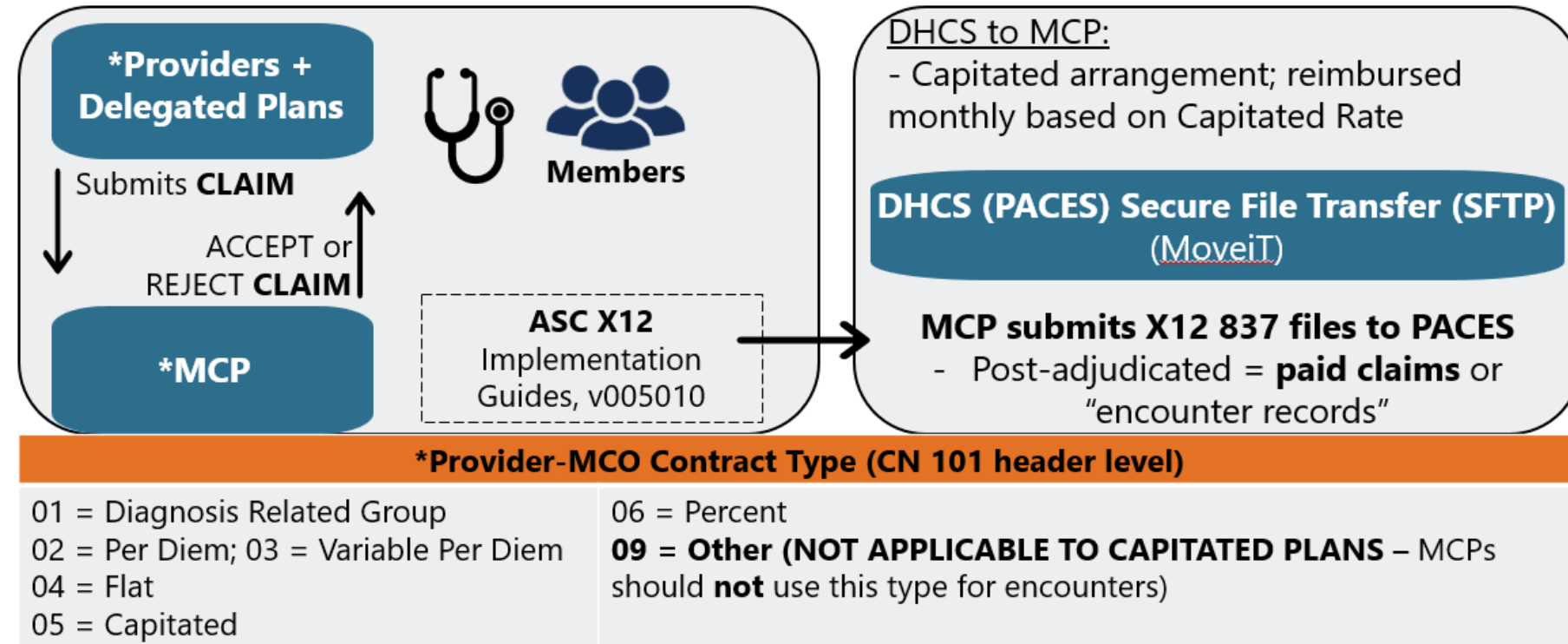
- » Encounter Data is submitted on the X12 837 EDI transaction.
 - Represents claim data that has **already been adjudicated and paid to Provider by Managed Care Plan.**
 - Used in the Medical, Dental, and Behavioral Managed Care model.

But Wait...

- » How does Provider enrollment impact how Encounters are submitted to DHCS?
 - Medi-Cal Fee-for-Service Providers versus Providers enrolled in Managed Care Plan network

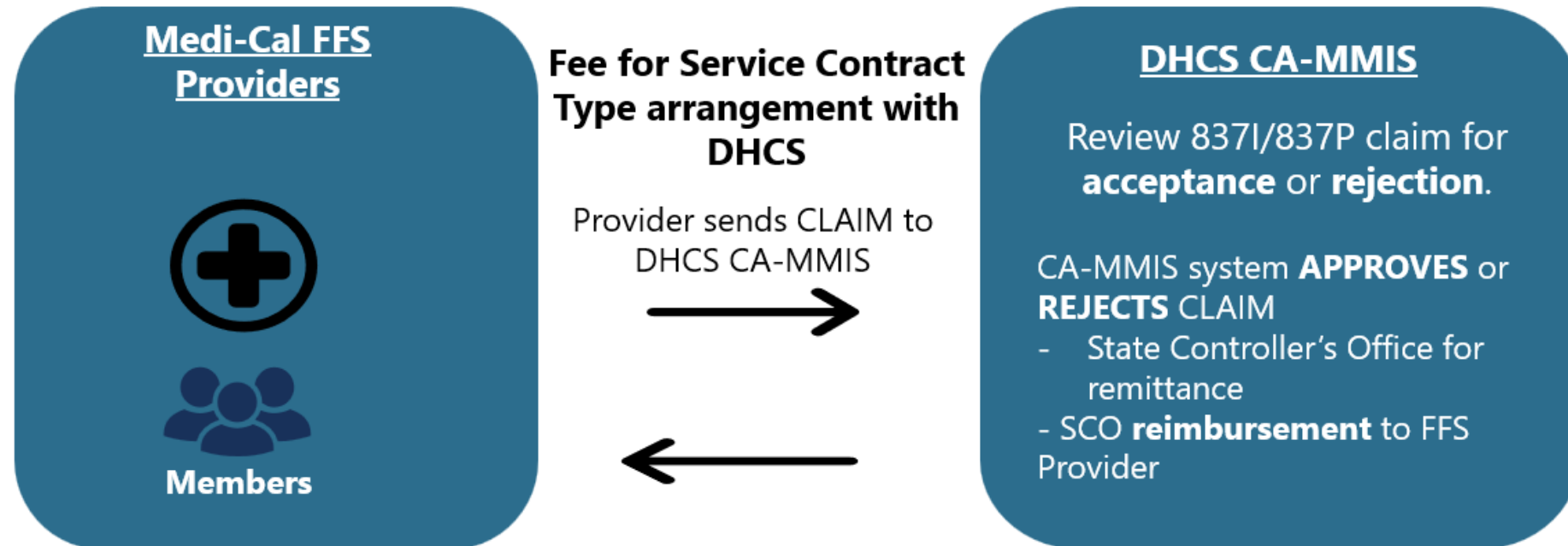
Managed Care Plan: Encounters

Encounters are records of services received by Medi-Cal members from Providers enrolled in Managed Care Organization (MCO or MCP) networks



Fee for Service: Claims

- » **DHCS CA-MMIS:** Fee-for-Service arrangement with Providers.
- » Medi-Cal FFS Providers **enrolled** via Provider Application and Validation for Enrollment (PAVE).



Encounter Error Trends = Companion Guides

- » We Have Been Asking Ourselves – **Are These Resources Helpful???**
- » **What is NOT an appropriate encounter data request to send to DHCS**
 - How should I name the file?
 - What is the HCP?
 - Where should I submit the files?
 - Why was my encounter denied?
 - If I need to make a correction on a previously accepted encounter?
 - If I need to delete a previously submitted encounter?
 - If answer is found in Companion Guide AND X12 Implementation Guides
- » **Contract Requirements**
 - REQUIRED to have systems that can submit high-quality encounter data to DHCS → T-MSIS: this includes Providers enrolled by MCP.

DHCS PACES

Supporting Documents

- » How to **format** encounter files for DHCS PACES requirements?
- » What do these **error** codes mean?
- » File Rejection Messages
 - Invalid names, HCP mismatch (ISA06)
- » Encounter Error Messages
 - ERRORS = RED Light! Do not pass GO!
- » ERRORS for VOID Encounters
 - How to ERASE from existence
- » Encounter Warning Messages
 - WARNINGS – flashing YELLOW light! Not an error now, but could be in the future



Post-Adjudicated Claim Encounter System (PACES)

Custom Error Messages Addenda

April 2022

Version 1.9

Encounter Data – Error Trends

PACES Validation Response Files (VRF): ERROR CODES for DENIED encounters

An **ASC X12 837 Transaction FILE** may be **ACCEPTED**; but individual **encounters** can be **DENIED**

DHCS PACES: Top Encounter Data Denials January 2025 to June 2025

Short Message Validation Name	EVR Error Code	Validation Type ID	837 Encounter Occurrence	Percent of 837 Denied
Is Duplicate Encounter	0x000CC	204	356,677	50%
Is Unique Claim Control Number	0x00222	546	143,063	20%
Hcp Mismatch	0x0006A	106	73,725	10%
No Eligibility On Date	0x00068	104	45,634	6%
Is PADS Submitted With NDC	0x002C6	710	25,540	4%
VR Validate Reference Encounter	0x0012E	302	16,858	2%
Is Contract Amt Missing	0x0015F		13,313	2%
Is Contract Amt Mismatch	0x00160	352	13,248	2%
Is Payer Amt Mismatch	0x00161	353	11,814	2%
No Hcp On Date	0x00069	105	9,079	1%

Encounter Data – Warning Trends

Use of Capitated Plans using Contract Type = 09 (Other)

Major Red Flag: Contract Type 09 = Other being used.

- **Two MCPs** are the drivers of this issue and 82% are 837P encounter transaction types

DHCS PACES: Top Encounter Data Warnings January 2025 to June 2025

Short Message: Validation Name	Encounter Occurrence
Is Contract Code 09 Used*	12,036,148
Is Valid Entity Type Qualifier	5,041,533
Non-Formulary Drug Code	5,018,446
DOS > 15 Months	1,928,965
VR DOS > 15 Months	977,265

* On CN 101 header level: 01 = Diagnosis Related Group, 02 = Per Diem, 03 = Variable Per Diem, 04 = Flat, 05 = Capitated, 06 = Percent, **09 = Other (NOT APPLICABLE TO CAPITATED PLANS)**

Encounter Error Trends 837 Professional Transactions

DHCS PACES: Top 837 Professional Transaction Denials January 2025 to June 2025

Short Message: Validation Name	EVR Error Code	Validation Type ID	837P Encounter Occurrence	Percent of 837P Denied
Is Duplicate Encounter	0x000CC	204	299,533	50%
Is Unique Claim Control Number	0x00222	546	133,624	22%
Hcp Mismatch	0x0006A	106	69,766	12%
No Eligibility On Date	0x00068	104	41,689	7%
VR Validate Reference Encounter	0x0012E	302	12,047	2%
Is Contract Amt Missing	0x0015F		13,313	2%
Is Contract Amt Mismatch	0x00160	352	10,879	2%
Is Payer Amt Mismatch	0x00161	353	9,340	2%
Non-National Procedure Modifier	0x001C3	451	6,457	1%
Non-National Procedure Code	0x001C2	450	6,147	1%

Encounter Data – Data Quality Focus

Focus of QMED 2.0

Timely Correction of Denials:

- » MCP, Dental Managed Care, and PACE Organization contract requirement
- » Denied turnaround time is 15 business days from date Validation Response File (VRF) populates in Plan SFTP folder

Missing or Incorrect Payment Amounts:

DHCS Actions:

- » Contract Type 09 – **warnings** to **error** = PACES will deny encounters
- » Clarification in Companion Guide – **In Progress**

We Can Do It!!!!



Companion Guides and Error Guides: Synergy

Stephen LeFebre
Data Quality Reporting Unit

Companion Guides

- » Practical use of CGs, other documents, in resolving encounter data issues.
 - DQRU Provides Support, Guidance, and now Training.
 - Majority of issues can be resolved by referencing CGs.
 - Plans request assistance with encounter denials and file rejections.
 - Always include filename, encounter/file id to help identify.

Error Scenarios

» Duplicate Errors

- CG Section 3.8, Duplicate Encounters.
- EVR Error Code: 0x000CC.
- EVR Error Message: This encounter is a duplicate of an existing encounter.
- Number One: Most Common Error Since Inception.

» BEWARE OF DUPLICATES

Error Scenarios

- » Scenario 1: Plan didn't understand why encounter was denied as duplicate error
 - Provider submitted updated encounter with corrected paid amount.
 - Provider sent as 2nd original, not a void or replacement.
 - Plan forwarded to PACES, which denied as duplicate.
 - Paid amount not part of duplicate logic.
 - All fields within duplicate logic were the same resulting in denied for duplicate.

Error Scenarios

» Scenario 1: Proper Action

- **Consult Section 3.8. of CG.** Review duplicate logic fields.
- Update encounter by submitting a replacement.
- Other option: void then submit update as new original.
- ALWAYS replace or void denied duplicates.
- NEVER submit updated encounters as a 2nd original.

Error Scenarios

» Scenario 2: References Matter

- Plan could not determine why 837P encounter was denied for being duplicate.
- Plan felt different attending provider should have avoided duplicate logic.
- Plan noted Section 3.8, 837I CG, listing attending provider as 1 of 11 fields.

Error Scenarios

- » Scenario 2: Proper Action, Consult Section 3.8, 837P CG.
 - 837P has only **6** fields in duplicate logic.
 - All **6** fields were same as original encounter.
 - Attending provider not in duplicate logic in 837P.
 - Plan was looking at the wrong CG.

Error Scenarios

Comparing Duplicate Logic Between Transaction Types

837I Duplicate Logic

- » Client Index Number (CIN)
- » Date of Service
- » Admission Date/Hour
- » Discharge Date/Hour
- » **Attending Provider**
- » Rendering Provider
- » Revenue Code
- » Procedure Code
- » Procedure Modifier
- » Diagnosis Code
- » Drug Code

837P Duplicate Logic

- » Client Index Number (CIN)
- » Date of Service
- » n/a
- » n/a
- » **n/a**
- » Rendering Provider
- » n/a
- » Procedure Code
- » Procedure Modifier
- » n/a
- » Drug Code

Error Scenarios

- » Scenario 3: MCP (HCP 998/ 999) experienced the following errors:
 - **0x0019A**: HCP code mismatch between ISA06 and CN104.
 - **0x0019F**: HCP code mismatch between {CN104} and file name.
 - **0x001A5**: HCP code mismatch between CLM01 and CN104.
- » All referenced in (PACES) Custom Error Messages Addenda

Error Scenarios

- » What are they and how do I fix them?
 - What are these errors all about?
 - What are all these fields?
 - How are they interconnected?
 - Why all the mismatches?

Error Scenarios

- » Scenario 3: ISA06, Interchange Sender ID
 - Federal Tax ID: Nine digits, no hyphens, plus
 - HCP Code: Three digits, plus
 - Three spaces (space space space)
- » **Referenced from 837I CG, Section 3.10, ISA/IEA**

Error Scenarios

- » Scenario 3: CN104 Reference Identification
 - HCP Code: Three-digit HCP Code
- » **Referenced from 837I Companion Guide, Section 3.35 Claim Level Detail**

Error Scenarios

» Scenario 3: CLM01 Claim Control Number

- Unique number determined by the plan
- First three digits must be HCP code of the beneficiary.
- Up to 38* digits, alpha-numeric and hyphens.
- * Limited to 13 numeric only digits for NCPDP.

» **Referenced in 837I CG, Section 3.23 Encounter Identification**

Error Scenarios

» Scenario 3: Filename

- PlanName_999_837I_MCE_20250827_00001.dat
 - 999: HCP Code
 - 837I: Transaction Type
 - MCE: Management Care Encounter
 - 20250827: Date Stamp
 - 00001: Numeric Identifier
 - Dat: File Extension

» Referenced in **837I Companion Guide Section 3.6** Submitted Encounter File Naming Conventions

Error Scenarios

» Scenario 3: Data Input for Encounter

- ISA06 = 123456789999sss
- CN104 = 998
- CLM01 = 99900008675309 (up to 38)
- FileName = PlanName_999_837I_MCE_20250827_00001.dat

Error Scenarios

- » Scenario 3: Error Code/Message Review
 - 0x0019A HCP code mismatch between ISA06 and CN104.
 - 0x001A5 HCP code mismatch between CLM01 and CN104.
 - 0x0019F HCP code mismatch between {CN104} and file name.
- » What is the common denominator?

Error Scenarios

» Scenario 3: And the answer is...

- CN104 has wrong HCP number.
 - Doesn't match HCP code in last three digits ISA06.
 - Doesn't match HCP code in first three digits in CLM01.
 - Doesn't match HCP code in filename.

Error Scenarios

- » Scenario 3: How do we correct this encounter?
 - Correct HCP Code in CN104, then...
 - Submit replacement **OR**
 - Void then resubmit.

Companion Guides Conclusion

- » What else am I missing out on?
 - **File Level Guidance:** ASC X12 File Format Guidance
 - **Transaction Level Guidance:** Void and Replacement Scenarios
 - **Encounter Level Guidance:** Medicare Crossover Claims Guidance
 - **Service Line Level Guidance:** Coding/Paid Amounts/ Modifiers Guidance

Don't Miss Out! Upcoming Webinar Schedule

Month	Webinar Title	Topics Covered
September 2025	QMED 2.0 New Measures – Medical Managed Care Plans <ul style="list-style-type: none">• Duplicate Service Lines• Denied encounters	<ul style="list-style-type: none">• Professional and Institutional Service Lines• Correcting previously denied encounters• 15-day denied encounter turn-around time
October 2025	QMED 2.0 APL	<ul style="list-style-type: none">• Overview of QMED 2.0 APL/Report• QMED Enforcement Timeline
November 2025	Plan Data Feed	<ul style="list-style-type: none">• SFTP/MoveIT/eTransfer (TBD)
December 2025	<ul style="list-style-type: none">• <i>Encounter Errors Returned to Medical MCPs</i>• Questions on QMED 2.0• National Drug Codes for Physician Administered Drugs	<ul style="list-style-type: none">• QMED 2.0 Report Card• QMED 2.0 FAQs• NDCs for PADS

Questions?

Communication

Communication

» Data group mailboxes

- 274 Medical Provider, Encounter (837I/837P, 837D) data quality reports: DataQualityReportingUnit@dhcs.ca.gov
- 274 Dental: DMCdeliverables@dhcs.ca.gov
- BH Short Doyle: MEDCCC@dhcs.ca.gov
- PACE: PACECompliance@dhcs.ca.gov
- DHCS Documentation Center Access requests: dataexchange@dhcs.ca.gov
- Technical questions, ECM/CS/CCM JSON: EDIMDataSupport@dhcs.ca.gov
- MCDSS Webinar Support: MCDSS@dhcs.ca.gov

» If the message is urgent, please mark [URGENT]

Resources

Behavioral Health Managed Care

Resource Emails	Topics
CountySupport@dhcs.ca.gov	<ul style="list-style-type: none">• Behavioral Health Managed Care Plan Annual Report• Behavioral Health 1915 (b) Appeals and Grievance Report
NAOS@dhcs.ca.gov	Behavioral Health Network Adequacy
MEDCCC@dhcs.ca.gov	<ul style="list-style-type: none">• Behavioral Health Short Doyle Claims• Short Doyle Claim Denials/Recoupments

Dental Managed Care

Resource Emails	Topics
DMCdeliverables@dhcs.ca.gov	274 Dental Provider and 837 Encounters
Dental@dhcs.ca.gov	Medi-Cal Dental Information
DentalManagedCare@dhcs.ca.gov	Dental Managed Care

Programs for All-Inclusive Care for the Elderly (PACE) Organizations

Resource Emails	Topic(s)
PACECompliance@dhcs.ca.gov	Program for All-Inclusive Care for the Elderly (PACE) Plan policy and compliance questions
pacecontractmanager@dhcs.ca.gov	<ul style="list-style-type: none">• SFTP Access and changes• PACE Organization onboarding

Medical Managed Care Program

Resource Emails	Topics
MCQMD@dhcs.ca.gov	<ul style="list-style-type: none"> • MCPAR Critical Incidences • CMS Requirement for Managed Care Program Annual Report (MCPAR) • Primary Care Provider Assignment (PCPA) Policy • Managed Care Program Data (MCPD)
MCBHOMD@dhcs.ca.gov	Managed Care Plans send Managed Care Plan Annual Reports to DHCS for each delivery system by email to this address
MMCDPMB@dhcs.ca.gov	<ul style="list-style-type: none"> • General Inquiries • Medi-Cal Managed Care • Managed Care contract managers
MCODReadiness@dhcs.ca.gov	<ul style="list-style-type: none"> • SFTP Access Set Up • Plan Onboarding • Managed Care Contracts

Technical Support

Resource Emails	Topics
DataExchange@dhcs.ca.gov	<ul style="list-style-type: none">• Technical Assistance with Submitting a JSON file• DHCS Documentation Center access• Excel Data Template questions that Data Collection Unit (DCU) handles

Resource Emails	Topics
EDIMDataSupport@dhcs.ca.gov	Technical Questions related to Data Feed, ECM/CS/CCM JSON
CaAIMECMILOS@dhcs.ca.gov	<ul style="list-style-type: none">• ECM/CS/CCM JSON Exchange• Monitoring and compliance oversight of Managed Care Plans' implementation of the new ECM/CS benefits
MCDSS@dhcs.ca.gov	Data Reporting and Monitoring Webinar Technical Support

Next Webinar Preview

- » **For September 2025, we will focus on QMED 2.0 New Measures.**
- » Meeting Information
 - Date: September 24, 2025
 - Time: 10 a.m. to 11:30 a.m.

Thank you!

Please send any questions and comments about the webinar series or this event to MCDSS@dhcs.ca.gov

