



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

June 2010

Dear Medicaid Health Plans:

RE: Encounter Submission and Reporting Guidelines

The purpose of this letter is to present the Encounter Data Guidelines developed by the Michigan Department of Community Health (MDCH). Medicaid Health Plans (MHP) are advised to review these guidelines and strongly encouraged to follow these guidelines when submitting encounter data to MDCH.

As a reminder, each MHP is required to submit a data certification form annually attesting that all information sent to MDCH is true and accurate. All encounter data must meet this attestation.

If you have questions regarding this policy clarification, please contact:

Medicaid Health Plan: Cheryl Bupp
e-mail: buppc@michigan.gov
Telephone: (517-241-7933)

Thank you for your continued participation in the Michigan Medicaid program and your commitment to providing quality care to Michigan's most vulnerable citizens.

Sincerely,

A handwritten signature in black ink that reads "Stephen Fitton".

Stephen Fitton, Director
Medical Services Administration

Attachment



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Medicaid Health Plan

Encounter Submission and Reporting Guidelines

June 2010

Claim/Encounter Submissions

The Michigan Department of Community Health (MDCH) adheres to ICD-9-CM coding guidelines with respect to reporting diagnosis codes on encounters. Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s). All conditions that coexist at the time of the encounter, and require or affect patient care, treatment, or management, may be coded and reported. However, conditions that were treated previously and no longer exist may not be reported.

Diagnosis codes should be submitted to MDCH as reported by the attending physician on the claim. No alterations, corrections, or modifications may occur by the Medicaid Health Plan (MHP). In the event that diagnosis codes are incorrectly reported, it is the responsibility of the MHP to work with their provider community, including any billing agents or other responsible parties, to correct and resubmit the claim(s) in question. MHPs may not reimburse, incent, or otherwise pay for replacement claims from providers. Further, MDCH does not allow the use of pre-filled claim forms.

Provider/Member Incentives

MHPs may offer provider and member incentives that encourage and reward adherence to evidence based guidelines for the management of chronic conditions, such as quarterly visits for hemoglobin A1C testing and annual retinal exams for persons with diabetes. MHPs may not offer provider incentives directly linked to the submission of specific ICD-9-CM codes corresponding to the Chronic Illness and Disability Payment System (CDPS) diagnostic classification system.

Use of Vendors and/or Other Supplemental Data

MDCH recognizes that many plans use a vendor or in plan resources to evaluate quality and completeness of health plan data and to model CDPS risk scores.

MHPs are not restricted from utilizing in plan resources or contracted vendors for CDPS risk score modeling. Health plans may use the results of the CDPS risk score modeling to develop provider and patient profiles that are used for the purpose of targeting beneficiaries for specific services related to their care management (i.e., quarterly diabetic management visits, disease and case management programs). The results may be used to educate providers about billing procedures, including the placement of all relevant diagnoses on the claim/encounter for all office based visits.

MHPs may not use results of CDPS risk modeling or other supplemental data sources to create original encounters on behalf of the provider, or to create shadow encounters or duplicate encounters to include additional diagnoses that the provider may have failed to include.